



COUNTY COUNCIL OF NORTHUMBERLAND.

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH,
WM. F. J. WHITLEY, M.D., D.P.H., F.R.S.E.,

for the Year 1937.

NEWCASTLE UPON TYNE:

R. WARD & SONS, LTD., PRINTERS AND PUBLISHERS, 23 to 39, HIGH BRIDGE.

1938.

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NORTHUMBERLAND COUNTY COUNCIL.

REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH
FOR THE YEAR ENDED 31st DECEMBER, 1937.TO THE CHAIRMAN AND MEMBERS OF THE COUNTY COUNCIL
OF NORTHUMBERLAND.

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I beg to present my annual report for the year 1937. The report has been drawn up on the lines indicated by the Minister of Health in his Circular No. 1650 relating to the contents and arrangements of the annual reports of medical officers of health for the year 1937.

Before commencing the more formal part of the Report, I feel it incumbent that I should pay a personal tribute to the memory of Dr. W. L. M. Gabriel, Senior Assistant County Medical Officer, who died on December 30th, 1937. Though modest and unassuming, even sometimes to the extent of shyness, he was a striking personality in any gathering and was held in affectionate esteem by the whole staff, not only of the department, but throughout the County Hall. He had been in the service of the County Council for eighteen years in a variety of capacities. He was a keen Territorial Officer, thoroughly efficient and a good administrator, of outstanding intelligence, shrewd and sound in judgments. His contributions to the departmental Reports were models of clarity, perfect English, and mathematical accuracy. By his death, the County lost a valuable servant, the Medical profession a brilliant representative and the County Medical Officer a devoted and trusted colleague.

Vital and Mortality Statistics.—The vital and mortality statistics of the various county districts have been calculated and are included in the report. The variations in the principal county rates during recent years are indicated in the following table. The corresponding rates for England and Wales are given for comparison :—

	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
Birth rate (per 1,000 living)										
Administrative county	18·37	16·79	17·13	16·66	15·94	15·42	15·48	15·53	15·26	15·16
England and Wales	16·7	16·3	16·3	15·8	15·3	14·4	14·8	14·7	14·8	14·9
Infant death rate (per 1,000 living)										
Administrative county	11·39	12·22	11·02	12·24	11·33	11·93	11·78	11·62	12·02	12·67
England and Wales	11·7	13·4	11·4	12·3	12·0	12·3	11·8	11·7	12·1	12·4
Infant mortality rate (per 1,000 births)										
Administrative county	67	81	62	77	67	71	69	71	70	66
England and Wales	65	74	60	66	65	64	59	57	59	58
Infant death rate (per 1,000 living)										
Administrative county	0·28	0·65	0·23	0·41	0·25	0·31	0·43	0·32	0·30	0·26
England and Wales	0·40	0·47	0·37	0·32	0·33	0·29	0·34	0·24	0·30	0·23
Rate from Respiratory Tuberculosis (per 1,000 living)										
Administrative county	0·68	0·74	0·78	0·75	0·68	0·65	0·60	0·53	0·55	0·54
England and Wales	0·76	0·79	0·74	0·74	0·69	0·69	0·63	0·60	0·58	0·58

There was a further decline in the birth rate to the level of 15.16 per 1,000 of the population, the lowest figure ever recorded for the County. The birth rate for the whole of England and Wales showed a slight rise for the second year in succession.

The general death rate in the County showed a slight increase on the rate for 1936.

The infantile mortality rate was reduced to 66 per 1,000 live births. While this figure remains in excess of the corresponding rate for England and Wales, it is an appreciable reduction on the rate for 1936, and on only one occasion has a lower rate been recorded in the County.

The zymotic death rate declined to 0.26 per 1,000 living, and was the lowest recorded during the past five years.

Although the death rate from all forms of tuberculosis shewed an increase to 0.73 per 1,000 of the population, the rate for respiratory tuberculosis was less than that for 1936. The death rate for respiratory tuberculosis has declined from 1.38 in 1900 to 0.54 in 1937, the rate for all forms of tuberculosis having fallen from 2.00 to the present rate of 0.73 in the same time. This decline conforms closely with that which has occurred throughout England and Wales in the same period.

Several administrative changes and innovations took place during the year, and details are set out in the body of the report.

During the year the Midwives Act, 1936, came into operation, and it became the duty of the County Council to secure an adequate midwifery service in the administrative county. To this end the Council entered into an agreement with the Northumberland County Nursing Association and the several District Nursing Associations of certain areas to provide the requisite service. This agreement covered the greater part of the County. In the remaining areas the service was provided by full-time midwives employed directly by the Council. In both cases the arrangements worked smoothly during the year. The areas in which the different arrangements are working are shown in the report on Maternity and Child Welfare.

In those areas where the County Council is the Maternity and Child Welfare Authority, it is empowered to give assistance in cases of ophthalmia neonatorum by visiting and the provision of nursing in the home and, if necessary, by providing hospital treatment. It is important that this assistance should be available at the earliest possible moment and, to this end, the Regulations governing the notification of the disease have been altered.

Under the Public Health (Ophthalmia Neonatorum) Regulations, 1926, it was the duty of medical practitioners to notify to the Medical Officer of Health of the local Sanitary Authority any case of this condition occurring in their practice, the local Medical Officer of Health notifying the County Medical Officer within twenty-four hours. The Regulations issued in February, 1937, amended this procedure so that the medical practitioner must notify any such case directly to the Medical Officer of Health of the Maternity and Child Welfare Authority. In consequence, notifications are now received by the County Medical Officer from those areas where the County Council is the Maternity and Child Welfare Authority and a copy of each notification is subsequently transmitted to the Medical Officer of Health of the Sanitary District concerned.

In August, 1937, the Ministry of Health issued a circular letter (No. 1621) relating to the prevention of blindness. The recommendations contained in the model scheme submitted by the Ministry were considered by the Council, and it was decided to adopt a scheme embodying the majority of these suggestions, the scheme to be put into operation in the ensuing year.

In the latter part of 1936 the Hexham Urban District Council expressed its willingness to transfer its powers as a Maternity and Child Welfare Authority to the County Council. Accordingly, representations were made to the Minister of Health. The Minister intimated that he was satisfied that the transfer of these Maternity and Child Welfare Services to the County Council would conduce to the more efficient administration of functions relating to public health and education in the Urban District. An Order giving effect to this decision was issued and the County Council took over the administration of the services on April 1st, 1937.

The Council's arrangements for the treatment of venereal disease were the subject of much discussion prior to 1937, and several joint conferences of the various local authorities concerned were held. As a result of the deliberations of these conferences a Statutory Joint Committee was established with representatives from the County Councils of Durham and Northumberland and the County Borough Councils of Gateshead and Newcastle upon Tyne. The first meeting of this new body was held early in 1937 and the special treatment clinic controlled by the Joint Committee was opened on August 30th.

The figures relating to the treatment of patients from the Administrative County during the year are, therefore, shown in the report under two headings.

Since the administration of the laws relating to the relief of the poor was transferred to the Councils of Counties and County Boroughs, by the Local Government Act, 1929, many of these authorities have altered the methods of providing medical out-relief. The general trend of these alterations has been to give free choice of doctor to Public Assistance patients requiring medical relief.

While the distribution of the population in Northumberland renders it very difficult to adopt a uniform system throughout the county, the advantages of the "open choice" system in certain areas are undoubted. In consequence, it was decided to introduce this method of providing medical out-relief in two areas during the year. A panel of doctors willing to undertake the treatment of Public Assistance patients was drawn up in each area, and the arrangements proved very satisfactory in operation. This introduction of the "panel system" was for an experimental period of one year, the Council proposing to extend the system to other areas should the report on the experiment warrant this procedure.

Annual Reports of District Medical Officers.

The following table shews the dates upon which the various reports were received :—

1938.

- June.* 1st, Blyth Port Sanitary Authority ; 8th, Castle Ward Rural District ; 9th, Longbenton Urban District ; 14th, Morpeth Borough ; 20th, Alnwick Urban District ; 24th, Glendale Rural District.
- July.* 2nd, Newbiggin-by-the-Sea Urban District ; 8th, Alnwick Rural District ; 13th, Hexham Rural District ; 21st, Wallsend Borough and Gosforth Urban District ; 25th, Newburn Urban District.
- August.* 8th, Ashington Urban District ; 9th, Prudhoe Urban District ; 11th, Hexham Urban District ; 15th Belford Rural District ; 16th, Whitley and Monkseaton Urban District ; 18th, Seaton Valley Urban District ; 19th, Haltwhistle Rural District ; 22nd, Bedlingtonshire Urban District and Morpeth Rural District ; 29th, Bellingham Rural District and Rothbury Rural District ; 30th, Norham and Islandshires Rural District.
- November.* 5th, Blyth Borough.

The reports for Berwick Borough and Amble Urban District had not been received up to the time of going to press—November 16th, 1938.

Administration.

The official, technical and administrative staff under the direction of the County Medical Officer consists of :—

Senior Assistant County Medical Officer and Tuberculosis Officer ...	Wm. L. M. Gabriel, M.B., CH.B., B.H.Y., D.P.H. (Deceased Dec. 30th, 1937).
Assistant County Medical Officer and School Oculist	John L. Wilkie, M.B., B.S., F.R.C.S. (Edin.).
Assistant County Medical Officer and Infant Welfare Centre M.O. ...	O'Connell O'Sullivan, M.C., M.B., CH.B., B.A.O.
Do. do. ...	Mary W. Dewell, M.B., B.S.
Do. do. ...	Anna M. Reid, M.B., CH.B., D.P.H.
Assistant County Medical Officer ...	*John A. Smail, M.B., CH.B.
Do. ...	*Grahame Patton, L.R.C.P. & S.I., D.P.H.
County Bacteriologist	Andrew I. Messer, M.A., M.B., CH.B., D.P.H.
County Tuberculosis Officer (Clinical)	Francis L. Moore, M.B., CH.B.
The Medical Superintendent of the Council's Sanatorium at Wooley, and Tuberculosis Officer	Robert Cunningham, M.B., CH.B., D.P.H.
Assistant Medical Superintendent of the Council's Sanatorium at Wooley... ..	J. F. E. Johnson, M.B., CH.B.
Thoracic Surgeon	*Geo. Alex. Mason, M.B., B.S., F.R.C.S.
Orthopaedic Surgeon	*William Mackenzie, F.R.C.S.E.
Ophthalmic Surgeon	*Alexander Macrae, M.B., CH.B., D.O.M.S.
School Dentist	Catherine M. Anderson, L.D.S.
Do.	Frederick J. Gilbertson, L.D.S.
Do.	Thomas A. Ireland, L.D.S.
Do.	Wm. J. Irvine, L.D.S.
Do.	A. J. McKillop, L.D.S.
Do.	Ernest M. Pickering, L.D.S.
Do.	Arnold E. Robinson, L.D.S.
County Health Inspectors	Chas. Ward, C.R.S. Inst., Cert. M. & F., M.S.I.A. James Atkinson, C.R.S. Inst., M.S.I.A.
Chief Clerk	E. T. I'Anson.

County Analysts	... ..	*Dr. J. T. Dunn, D.Sc., and *H. C. L. Bloxam, F.I.C.
Chief Veterinary Inspector	...	G. F. Pickering, M.R.C.V.S., D.V.S.M.
Matron of the Council's Sanatorium at Wooley	... ..	Catherine Connor, S.R.N.
Superintendent Health Visitor	...	Hannah Weir, M.B.E., S.R.N., S.C.M., H.V. Cert., R.S.I., S.I., Cert. R.S.I., Maternity and Child Welfare Cert.

* Part-time.

Health Visitors, School Nurses, Tuberculosis Nurses and Dental Nurses.

Ruth Atkinson, S.R.N., S.C.M.
 Bertha Barker, S.R.N., S.C.M.
 Nellie Hamilton Bird, S.I.C.
 Lucy Esmee Brewis, S.R.N., S.C.M., H.V. Cert.
 Elsie Broadbent, S.R.N., S.C.M., H.V. Cert.
 Louise Brown, S.R.N., S.C.M., H.V. Cert.
 Mary Wilberforce Crofton, S.R.N., S.C.M., H.V. Cert.
 Eleanor Crosby, S.R.N., S.C.M., H.V. Cert.
 Elsie May Dodds, S.R.N., S.C.M.
 Eva Phyllis Eldridge, S.R.N., S.C.M., H.V. Cert.
 Martha Gibson, S.R.N., S.C.M.
 Mary Gill, S.R.N., S.C.M., H.V. Cert.
 Beatrice Mary Goodban, S.R.N., S.C.M.
 Ellen Grehan, S.R.N., S.C.M.
 Alice Gwendoline Isabel Harper, S.R.N., S.C.M., H.V. Cert.
 Gertrude Harrison, S.R.N., S.C.M., H.V. Cert.
 Marjorie Heaton, S.R.N., S.C.M., H.V. Cert.
 Elsie Husselbury, S.R.N., S.C.M., H.V. Cert.
 Edith May Ironside, S.R.N., S.C.M., H.V. Cert.
 Gertrude Priscilla Ironside, S.R.N., S.C.M., H.V. Cert.
 Ada Kay, S.R.N., S.C.M.
 Dorothy Gilbert Long, S.R.N., S.C.M., H.V. Cert.
 Doris Stewart McConville, S.R.N., S.C.M., H.V. Cert.
 Annie McDermott, S.R.N., S.C.M.
 Anabella McLeod, S.R.N., S.C.M.
 Catherine Rees, S.R.N., S.C.M., H.V. Cert.
 Edith Elizabeth Rimer, S.R.N., S.C.M., H.V. Cert.
 Buddug Roberts, S.R.N., S.C.M.
 Ena Rowland, S.R.N., S.C.M., H.V. Cert.
 Edna Godfrey Thomson, S.R.N., S.C.M., H.V. Cert.
 Margaret Crawford Trainer, S.R.N., S.C.M., H.V. Cert.
 Frances Turnbull, S.R.N., S.C.M.
 Alice Walkden, S.R.N., S.C.M., H.V. Cert.
 Emma Weston, S.R.N., S.C.M., H.V. Cert.
 Eva Wolfenden, S.R.N., S.C.M., H.V. Cert.

Tuberculosis Nurse (only)—

Ida Emile Bodin, S.R.N., S.C.M., H.V. Cert.

S.R.N.—State Registered Nurse.
 S.C.M.—State Certified Midwife.
 H.V.Cert.—Health Visitor Certificate of the Royal Sanitary Institute.
 S.I.C.—Sanitary Inspector's Certificate of the Royal Sanitary Institute.

Midwives—

Border, Hannah, S.C.M.

Hedderly, Dorothy, S.C.M.

Ormsby, Julia Florence, S.C.M.

Parkinson, Louisa, S.C.M.

S.C.M.—State Certified Midwife.

Orthopaedic Sisters—

Alice M. Rogers, C.S.S.M.G.

Joyce M. Woodford, C.S.S.M.G.

*Blind Persons Act.**Supervisor of Blind Welfare—*

Hilda A. Rimer.

Home Visitors—

Mary Davison Taws.

Dorothy L. Shannon.

Ruth Robinson.

There was also during 1937, a clerical staff at the Central Office of 12 (including one laboratory assistant and one clerk at the County Laboratory at Newburn).

In addition to the staff specified above, there were employed at Wooley Sanatorium :—

1 Clerk-Steward	4 Gardeners
1 Engineer	1 Porter
2 Enginemen	

Nursing Staff :

1 Home Sister	7 Staff Nurses
1 Night Sister	12 Probationers.
3 Ward Sisters	

Domestic Staff :

1 Cook	1 Nurses' Maid
1 Laundress	2 House Maids
3 Laundry Maids	2 Patients' Dining Hall Maids
2 Sewing Maids	5 Ward Maids
1 Staff and Store Maid	5 Kitchen Maids
1 Matron's Maid	2 Scullery Maids

ADDITIONAL OFFICERS.

MEDICAL OFFICERS OF INFANT WELFARE CENTRES AND
ANTE-NATAL CLINICS.*(a) Infant Welfare Centres.*

Centre.	Medical Officer.
Alnwick ...	*Anna M. Reid, M.B., CH.B., D.P.H.
Amble ...	*O'Connell O'Sullivan, M.C., M.B., B.CH., B.A.O.
Backworth ...	...Glen Davison, M.D., B.S.
Belford ...	...D. T. McDonald, M.B., CH.B.
Berwick ...	...P. W. MacLagan, M.D., CH.B.
Corbridge ...	...J. N. Turnbull, M.B., CH.B., F.R.C.S. Ed.
Cramlington ...	†T. G. Quinn, M.B., CH.B.
Dinnington Colliery	...Evelyn H. Bolt, M.B., B.S.
Haltwhistle ...	†Jane H. Thompson, M.A., M.B., CH.B.
Haydon Bridge	...H. W. T. Hall, M.B., B.S.
Lynemouth ...	...T. Skene, B.M., CH.B., L.R.C.P.
Monkseaton West	...Jane H. Thompson, M.A., M.B., CH.B.
Morpeth ...	...Hugh Dickie, M.B., CH.B.
Newbiggin ...	...J. Angus, M.B., CH.B.
North Seaton ...	...J. Angus, M.B., CH.B.
Pegswood ...	...Hugh Dickie, M.B., CH.B.
Ponteland ...	...Evelyn H. Bolt, M.B., B.S.
Prudhoe ...	*Mary W. Dewell, M.B., B.S.
Red Row ...	...W. G. Scott, L.R.C.P., L.R.C.S., L.R.F.P.S.
Rothbury ...	...Evelyn H. Bolt, M.B., B.S.
Seaton Delaval	...A. G. Ogilvie, M.B., B.S., M.R.C.P.
Seghill ...	...P. Henderson, M.D., L.R.C.P., L.R.C.S.
Shiremoor ...	†Jane H. Thompson, M.A., M.B., CH.B.
Stocksfield ...	...A. G. Ogilvie, M.B., B.S., M.R.C.P.
Whitley Bay ...	†Jane H. Thompson, M.A., M.B., CH.B.
Wooler ...	...A. N. Bousfield, M.B., B.S.

* Also included under "Administration" page 8.

† Also M.O. of Ante-Natal Clinic at this Centre.

(b) Ante-Natal Clinics.

Clinic.	Medical Officer.
Cramlington ...	...(See under Infant Welfare Centres, above).
Haltwhistle ...	...(See under Infant Welfare Centres, above).
Lynemouth ...	... Do. do.
Newbiggin ...	... Do. do.
Prudhoe ...	{ G. McCoull, M.B., B.S., L.R.C.P., L.R.C.S. H. A. Lockhart, M.B., B.S.
Shiremoor ...	...(See under Infant Welfare Centres, above).
Stocksfield ...	...H. A. Lockhart, M.B., B.S.
Whitley Bay ...	...(See under Infant Welfare Centres, above).

OBSTETRIC CONSULTANTS UNDER MIDWIVES AND MATERNITY AND CHILD
WELFARE ACTS.

Robert P. Ranken Lyle, M.D., B.A.O., L.R.C.P.I.
 Ernest Farquhar Murray, M.D., F.R.C.S.
 Henry Harvey Evers, M.S., F.R.C.S.
 Francis E. Stabler, M.D., F.R.C.S.
 William Hunter, M.D., M.C.O.G.

DISTRICT MEDICAL OFFICERS UNDER POOR LAW ACTS.

Guardians' Committee.	District.	County Area.	Medical Officer.
North No. 2	Alnwick ...	...Alnwick U.D.	*J. A. MacLeod, M.B., CH.B., D.P.H.
	Embleton ...	...Alnwick R.D.	...W. Hall, M.B., B.S.
	Felton... ...	... Do.	...R. A. Welsh, M.B., B.S.
	Glanton ...	... Do.	...B. W. E. Trevor-Roper, M.R.C.S., L.R.C.P., M.B., CH.B.
	Lesbury ...	... Do.	...R. E. Moyes, M.D., M.B., CH.B.
	Shilbottle ...	... Do.	...B. W. E. Trevor-Roper, M.R.C.S., L.R.C.P., M.B., CH.B.
	Warkworth ...	...Amble U.D. Alnwick R.D.	...L. V. McNabb, M.B., B.S.
North No. 1	West ...	...Belford R.D.	...J. McDonald, M.D.
	East ...	... Do.	...F. B. Macaskie, L.R.C.P., L.R.C.S., L.R.F.P.S.
West ...	...Bellingham No. 1	...Bellingham R.D.	...M. K. Dunlop, M.B., CH.B.
	Do. No. 2	... Do.	... Do.
	Do. No. 3	... Do.	...G. W. L. Kirk, M.B., CH.B.
	Do. No. 4	... Do.	... Do.
	Do. No. 5	... Do.	...Wm. Murdie, M.B., CH.B.
	Do. No. 6	... Do.	...R. J. Carr, M.B., B.S.
North No. 1	Berwick ...	...Berwick Borough	*W. R. Sprunt, M.B., CH.B.
	Norhamshire ...	...Norham & Island- shires R.D.	...H. F. Park, M.B., CH.B.
	Islandshire ...	... Do.	...John Elliott, L.R.C.P., L.R.C.S., L.R.F.P.S.
South...	...Gosforth ...	...Gosforth U.D.	...Panel system in operation.
West ...	...Lemington ...	...Newburn U.D. (part of)	...H. C. Coxon, M.D.
	Newburn ...	... Do.	...G. B. Picton, M.B., B.S.
Central	...Ponteland ...	...Castle Ward R.D. (part of)	*Willmot Holmes, M.R.C.S., L.R.C.P.
	Stamfordham...	... Do.	...R. J. Carr, M.B., B.S.
	Stannington ...	... Do.	...R. H. Newman, L.R.C.P.I. & L.M., L.R.C.S.I.
North No. 1	Carham ...	...Glendale R.D.	...F. Henderson, M.D.
	Chatton ...	... Do.	...A. N. Bousfield, M.B., B.S.
	Ford ...	... Do.	...V. E. Badcock (M.C.), M.D.
	Glendale Southern	... Do.	...B. W. E. Trevor-Roper, M.R.C.S., L.R.C.P., M.B., CH.B.
	Lowick ...	... Do.	...John Elliott, L.R.C.P., L.R.C.S., L.R.F.P.S.
	Wooler ...	... Do.	...A. N. Bousfield, M.B., B.S.
West ...	...Haltwhistle Eastern	...Haltwhistle R.D.	R. D. Burn, M.B., B.S.
	Do. Western...	... Do.	...J. M. Glasse, M.B., CH.B.
	Do. Southern	... Do.	...W. S. Dalgetty, M.B., CH.B.
	Whitfield ...	... Do.	...H. C. Bourke, M.B., B.CH., B.A.O., B.A.
	Hexham ...	...Hexham U.D. Hexham R.D.	*W. M. Stewart, M.B., CH.B.

* Also acts as Medical Officer for the Poor Law Institution.

Guardians' Committee.	District.	County Area.	Medical Officer.
West—contd.	Slaley ...	...Hexham R.D.	...W. M. Stewart, M.B., CH.B.
	Shotley ...	...Do.	...J. Murray, M.B., CH.B., B.A.O., R.U.I.
	Blanchland ...	...Do.	...K. M. MacDonald, M.B., CH.B.
	Humshaugh ...	...Do.	...Monica F. Bell, M.B., B.S.
	Haydon ...	...Do.	...Panel system in operation.
	Allendale ...	...Do.	...H. C. Bourke, M.B., B.CH., B.A.O., B.A.
	Wylam ...	...Prudhoe U.D. Hexham R.D.	G. McCoull, M.B., B.S., L.R.C.P., L.R.C.S., L.R.F.P.S.
	Ovingham ...	...Prudhoe U.D. Hexham R.D.	Do. Do.
	Corbridge ...	...Do.	...D. N. Jackson (M.B.E.), M.B., B.S.
	Allenheads ...	...Do.	...H. C. Bourke, M.B., B.CH., B.A.O., B.A.
	Ninebanks ...	...Do.	...Do.
Central	...Morpeth No. 1	...Morpeth Borough	*Hugh Dickie, M.B., CH.B.
	Do. No. 2	...Morpeth R.D.	...R. L. Dagger, M.D., M.R.C.S., L.R.C.P.
	Do. No. 2A	...Ashington U.D. Morpeth R.D.	...G. R. Spence, M.B., CH.B.
	Do. No. 3	...Bedlington U.D. Morpeth R.D.	W. Hudson, M.D., B.HY., D.P.H.
	Do. No. 4	...Morpeth R.D.	...R. A. Welsh, M.B., B.S.
	Do. No. 5	...Do.	...R. L. Dagger, M.D., M.R.C.S., L.R.C.P.
	Do. No. 6	...Ashington U.D. (Hirst Ward)	...G. R. Spence, M.B., CH.B.
	Do. No. 6A	...Newbiggin U.D. Morpeth R.D.	...H. S. Brown, M.D., L.M.S.A. Do.
	Do. No. 7	...Do.	...Dr. Dickie acts when required.
	Do. No. 8	...Do.	...Hugh Dickie, M.B., CH.B.
North	No. 2 Rothbury East	...Rothbury R.D.	...A. S. Hedley, M.B., B.S.
	Rothbury West	...Do.	...J. A. Smail, M.B., CH.B.
	Rothley ...	...Do.	...A. S. Hedley, M.B., B.S.
	Harbottle ...	...Do.	...G. H. Bedford, L.M.S.S.A.
	Elsdon... ...	...Do.	...Do.
	Whittingham...	...Do.	...A. Patterson, M.B.
	Central ...	...Blyth Borough	...T. Gallacher, L.R.C.P., L.R.C.S., L.R.F.P.S.
South...	...Whitley ...	...Whitley & Monk- seaton U.D.	H. L. Pearson, M.B., CH.B.
	Seaton Delaval (Excluding the Old Parish of Hartley).	...Seaton Valley U.D.	E. M. Hall, M.B., B.S.
	Seghill... ...	...Do.	...P. Henderson, M.D., L.R.C.P., L.R.C.S., L.R.F.P.S.
	Cramlington ...	...Do.	...T. G. Quinn, M.B., CH.B.
	Earsdon ...	...Do.	...R. J. E. Christie, M.B., CH.B., B.A.O.
	(Including the Old Parish of Hartley).		
	North Longbenton	...Longbenton U.D.	...S. Fullerton, M.B., CH.B., B.S.A.
	Weetslade ...	...Do.	...T. Craig, M.B., CH.B.
	Wallsend ...	...Wallsend Borough (Part of)	H. H. Aitchison, M.B., L.R.C.P., L.R.C.S.
	Willington Quay ...	...Do.	...L. Craig, L.R.C.P., L.R.C.S., L.R.F.P.S.

* Also acts as Medical Officer for the Poor Law Institution.

PUBLIC VACCINATORS.

- H. H. Aitchison, M.B. (Ed.),
L.R.C.P., L.R.C.S.
- V. E. Badcock (M.C.), M.D. (Durh.).
- G. H. Bedford, L.M.S.S.A. (Lond.).
- M. F. Bell, M.B., B.S. (Durh.).
- R. Bell, M.B., CH.B. (Ed.).
- H. C. Bourke, M.B., B.CH., B.A.O.,
B.A.
- A. N. Bousfield, M.B., B.S.
- H. S. Brown, M.D. (Durh.), L.M.S.S.A.
(Lond.).
- R. D. Burn, M.B., B.S.
- R. J. Carr, M.B., B.S.
- *P. W. MacLagan (M.C.), M.D. (Ed.).
- R. J. E. Christie, M.B., CH.B.,
B.A.O. (Belf.).
- H. C. Coxon, M.D. (Durh.).
- L. Craig, L.R.C.P., L.R.C.S. (Ed.),
L.R.F.P.S. (Glas.).
- T. Craig, M.B., CH.B. (Ed.).
- R. L. Dagger, M.D. (Durh.), M.R.C.S.
(Eng.), L.R.C.P. (Lond.).
- *H. Dickie, M.B., CH.B. (Glas.).
- M. K. Dunlop, M.B., CH.B. (Glas.).
- J. Elliott, L.R.C.P., L.R.C.S. (Ed.),
L.R.F.P.S. (Glas.).
- S. Fullerton, M.B., B.CH., B.A.O.
(Belf.).
- T. Gallacher, L.R.C.P., L.R.C.S. (Ed.),
L.R.F.P.S. (Glas.).
- J. M. Glasse, M.B., CH.B. (Ed.).
- W. Hall, M.B., B.S. (Durh.).
- Evelyn M. Hall, M.B., B.S. (Durh.).
- A. S. Hedley, M.B., B.S. (Durh.).
- F. Henderson, (M.C.), M.B., CH.B.
- P. Henderson, M.D. (Durh.), L.R.C.P.,
L.R.C.S. (Ed.), L.R.F.P.S. (Glas.).
- *W. Holmes, M.R.C.S. (Eng.), L.R.C.P.
(Lond.).
- W. Hudson, M.D., B.HY., D.P.H.
- D. N. Jackson (M.B.E.), M.B., B.S.
(Durh.).
- H. R. Kendal, M.B. (Durh.).
- G. W. L. Kirk, M.B., CH.B. (Leeds).
- F. B. Macaskie, L.R.C.P., L.R.C.S.
(Ed.), L.R.F.P.S. (Glas.).
- G. McCoull, M.B., B.S. (Durh.),
L.R.C.P., L.R.C.S. (Ed.),
L.R.F.P.S. (Glas.).
- J. McDonald, M.D. (Ed.).
- K. M. MacDonald, M.B., CH.B. (Glas.).
- *J. A. McLeod, M.B., CH.B. (Ed.),
D.P.H. (Ed. and Glas.).
- L. V. McNabb, M.B., B.S. (Durh.).
- W. Murdie, M.B., CH.B. (Ed.), M.A.
- J. Murray, M.B., CH.B., B.A.O.,
R.U.I. (Cath. Un. Dub.).
- R. E. Moyes, M.D., M.B., CH.B. (Ed.).
- R. H. Newman, L.R.C.P.I. & L.M.,
L.R.C.S.I.
- H. F. Park, M.B., CH.B. (Aberd.).
- A. Patterson, M.B. (Durh.).
- H. L. Pearson, M.B., CH.B.
- G. B. Picton, M.B., B.S. (Durh.).
- T. G. Quinn, M.B., CH.B. (St. And.).
- J. A. Smail, M.B., CH.B. (Ed.).
- G. R. Spence, M.B., CH.B. (Glas.).
- *W. M. Stewart, M.B., CH.B. (Glas.).
- H. L. Taylor, M.B., CH.B. (Leeds).
- W. S. Dalgetty, M.B., CH.B. (Ed.).
- B. W. E. Trevor-Roper, M.R.C.S.,
L.R.C.P. (Lond.), M.B., CH.B. (Vict.
Manch.).
- R. A. Welsh, M.B., B.S. (Durh.).

* Also acts as Public Vaccinator for Poor Law Institution.

LIST OF VACCINATION OFFICERS.

Vaccination District.					Vaccination Officer.
Alnwick	...	...	...	...	N. A. Burke.
Embleton	...	...	...	...	A. Welsh.
Warkworth	...	...	...	...	G. S. Smetham.
Belford and Glendale	...	...	...	...	C. V. F. Cooke.
Bellingham	...	...	...	...	John R. Colling.
Berwick	...	...	...	...	John Smith.
Castle Ward	...	...	...	...	R. Reay, Jr.
Hexham	...	...	...	...	M. Atkin.
Allendale	...	...	...	...	T. A. Henderson.
Chollerton	...	...	...	...	J. Muir.
Bywell ...	...	...	...	...	W. J. Richardson.
Haltwhistle	...	...	...	...	Wm. Grant.
Ashington West	...	...	...	...	F. Darling.
Bedlington	...	...	...	...	John H. Jacques.
Morpeth	...	...	...	...	E. Stanley.
Rothbury	...	...	...	...	E. Heatley.
Blyth ...	...	...	...	...	R. Muter.
Whitley	...	...	...	...	R. Gibson.
Longbenton	...	...	...	...	C. A. Dixon.
Wallsend	...	...	...	...	J. Thomson.
Newburn	...	...	...	...	J. E. Cockburn.
Gosforth	...	...	...	...	F. Robertson.
Ashington East	...	...	...	...	J. A. Allan.
Seaton Valley North...	...	...	...	...	J. Dunn.
„ „ South...	...	...	...	...	J. S. Dack.

PUBLIC HEALTH LEGISLATION.

The following Acts of administrative interest were placed on the Statute Book during 1937 :—

The Public Health Act, 1936, which was placed on the Statute Book in that year, and which consolidates, with amendments, certain enactments relating to public health, came into operation on October 1st of the year under review.

The Physical Training and Recreation Act, 1937, which provides for the development of facilities for, and the encouragement of, physical training and recreation and to facilitate the establishment of centres for social activities.

The Public Health (Drainage of Trade Premises) Act, 1937, amends the law with respect to the discharge of trade effluents into public sewers of local authorities.

The Local Government Superannuation Act, 1937, makes further and better provision regarding the payment of superannuation allowances, etc., to persons entitled to participate in the benefits of a local authority's superannuation fund or scheme.

The Factories Act, 1937, consolidates, with amendments, the Factories and Workshops Acts, 1901 to 1929, and other enactments relating to factories.

ORDERS, CIRCULARS, ETC.

The Public Health (Imported Food) Regulations, 1937, amend and consolidate the Public Health (Imported Food) Regs. 1925 and the Public Health (Imported Food) Amendment Regs. 1933, and *Circular* 1522 outlines the effect of the operation of the new Regs.

The Public Health (Ophthalmia Neonatorum) Amendment Regulations, 1927, provide for the notification of cases of Ophthalmia Neonatorum to the M.O.H. of the local authority for the purpose of the notification of Births Acts, 1907 and 1915, instead of to the M.O.H. of the Local Sanitary Authority, and

Circular 1596 gives directions regarding the operation of the Regulations.

Circular 1597 explains the amendments which the Public Health Act, 1936, makes in the Law affecting Port Health Authorities, Joint Hospital Boards and Isolation Hospital Committees, and with regard to certain provisions in Parts V, VI and VII of the Act.

Circular 1598 and *Memo.* 204 S.A., which accompanies it, indicate the lines upon which annual reports of Medical Officers of Health of Port and Riparian Authorities should be drawn up.

Circular 1600 relates to amendments in the Public Health Act, 1936, concerning Moveable Dwellings and the regulation of the conditions in offices.

Circular 1609 draws attention to the first report of the Departmental Committee on the cost of Hospitals and other Public Buildings.

Circular 1614 directs the attention of local authorities to the advisability of sending cases of tuberculosis in seamen to the King George's Hospital for Sailors, Bramshott Place, Liphook, Hants.

Circular 1621 directs attention to the importance of practicable steps being taken to prevent blindness and impaired eyesight and refers to the report on the prevention of blindness issued by the Standing Committee of the Union of County Associations for the blind, in this connection.

Order No. 327, 1937, excludes certain preparations containing morphine, cocaine, etc., from the provisions of Part III of the Dangerous Drugs Act, 1920.

Circular 1641 explains the provisions of *The Therapeutic Substances (Amendment) Reg.*, 1937, which are designed to ensure that sterile surgical ligatures and sutures are easily distinguishable from non-sterile ones.

Circulars 1643, 1643A and 1643B give directions concerning the display of information in Post Offices relating to health services available in the area.

Circular 1644 deals with the provisions of the Local Government Superannuation Act, 1937.

Circular 1646 explains the provisions of The Midwives (Certifying Hospitals and Institutions) Order, 1937, which has been made by the Minister of Health, applying proviso (c) to Sec. 6 (1) of the Midwives Act, 1936, to certain hospitals and institutions.

Circular 1648 together with accompanying *Memorandum* relate to the extension of the powers of local authorities which have been conferred by the *Physical Training and Recreation Act*, 1937.

Circular 1651 with accompanying *Memorandum* 62A/Foods, modifies as regards caseous lymphadenitis, the criteria of meat inspection recommended in *Memorandum* 62/Foods, issued in March, 1922.

HOME OFFICE.

The following Circulars and Memoranda were issued by the Home Office during the year :—

Air Raid Precautions.

Circular No. 701, 255/3 Air Raid Precautions.

„ No. 701, 582/10 Do.

„ No. 751, 865/1 Fire Brigades.

„ No. 701, 092/14 Air Raid Precautions.

„ No. 701, 529/42 Anti-gas Training.

„ No. 701, 562/22 Do.

Memorandum.

No. 4, Air Raid Wardens.

MINISTRY OF HEALTH INQUIRIES, 1937.

Public Health Acts, 1875 and 1936, and Local Government Act, 1933.

17th February, 1937, at Alnwick : *re* application by Urban District Council for consent to loan of £14,300 for works of water supply.

7th April, 1937, at Slaley : *re* application by Hexham Rural District Council for consent to loan of £2,953 for works of sewerage and sewage disposal.

2nd June, 1937, at Branxton : *re* application by Glendale Rural District Council for consent to loan of £1,595 for works of sewerage and sewage disposal.

4th June, 1937, at Ponteland : *re* application by Castle Ward Rural District Council for consent to loan of £1,100 for works of sewerage and sewage disposal at Woolsington, West Brunton and Newbigen.

20th July, 1937, at Alnwick : *re* application by Alnwick Rural District Council for consent to loan of £6,775 for works of water supply at Felton.

21st July, 1937, at Belford : *re* application by Belford Rural District Council for consent to loan of £6,240 for works of sewerage at Belford.

12th August, 1937, at Ellington : *re* application by Morpeth Rural District for consent to loan of £19,000 for works of sewerage and sewage disposal at Ellington, Ulgham and Widdrington.

24th November, 1937, at Millfield : *re* application by Glendale Rural District Council for consent to loan of £2,460 for works of sewerage at Millfield.

25th November, 1937, at Dinnington : *re* application by Castle Ward Rural District Council for consent to the loan of £3,000 for works of sewerage and sewage disposal at Mason, Dinnington and East Brunton.

7th December, 1937, at Alnwick : *re* application by Alnwick Rural District Council for consent to loan of £4,800 for works of sewerage at Felton.

16th December, 1937, at Haltwhistle : *re* application by Haltwhistle Rural District Council for consent to loan of £20,511 for works of water supply in the places of Blenkinsop, Featherstone, Haltwhistle, Henshaw, Thirlwell and Thorngraston.

I am, my Lords, Ladies and Gentlemen,

Your obedient servant,

WILLIAM F. J. WHITLEY.

THE ADMINISTRATIVE COUNTY.

AREA.

The area of the County is 1,276,203 acres, divided as follows :—

Boroughs	...	...	...	...	...	18,340 acres.
Urban Districts	...	...	...	...	...	61,212 „
Rural Districts	...	...	...	...	...	1,196,651 „

POPULATION.

The *civil* population of Northumberland (exclusive of the county boroughs of Newcastle upon Tyne and Tynemouth) was estimated by the Registrar-General to be 405,900 at the middle of 1937.

The population at the 1931 census, as revised through the changes in boundary was 404,637.

RATEABLE VALUE.

Rateable value of Administrative County, as at April 1st, 1937, £2,127,698. Produce of a 1d. rate for year ended March 31st, 1938 (estimated), £8,314.

BOROUGHs, URBAN AND RURAL DISTRICTS, AND PORT SANITARY AUTHORITIES.

The County at the *end* of 1937 was divided for the purpose of sanitary administration into 26 districts, four of which were municipal boroughs, twelve urban districts, and ten rural districts. There are also the Blyth and Tyne Port Sanitary Authorities. The Authorities for the Tweed and Coquet Ports are the Council of the Borough of Berwick-on-Tweed and the Amble Urban District Council respectively.

BOROUGHs.

Berwick-on-Tweed, Blyth, Morpeth and Wallsend.

The civil population of the boroughs was estimated to be 100,008 at the middle of 1937.

URBAN DISTRICTS.

Alnwick, Amble, Ashington, Bedlingtonshire, Gosforth, Hexham, Longbenton, Newbiggin-by-the-Sea, Newburn, Prudhoe, Seaton Valley, and Whitley & Monkseaton.

The civil population of the urban districts was estimated to be 211,092 at the middle of 1937.

RURAL DISTRICTS.

Alnwick, Belford, Bellingham, Castle Ward, Glendale, Haltwhistle, Hexham, Morpeth, Norham & Islandshires, and Rothbury.

The civil population of the rural districts was estimated to be 94,800 at the middle of 1937.

The area and population of each sanitary district in the administrative county will be found in a table opposite page 30 of this report.

SCHEME FOR WHOLE-TIME DISTRICT MEDICAL OFFICERS OF HEALTH.

The scheme made by the County Council under Section 111 of the Local Government Act, 1933, was outlined in the Annual Report for the year 1936. During 1937 the Medical Officer of Health for Whitley and Monkseaton, one of the districts included in Area No. 3 of the scheme (which comprised the sanitary districts of Seaton Valley, Whitley and Monkseaton, Longbenton, Gosforth and Newburn urban districts, and the Castle Ward rural district), resigned his appointment, and, as the medical officer of each of the other districts, with the exception of Castle Ward rural district, held his appointment on a temporary basis, it was suggested to the Castle Ward Rural District Council that the time was opportune for them to consider the question of terminating the services of their medical officer with a view to the appointment of a whole-time medical officer and assistant for the combined area. The Castle Ward Rural District Council did not, however, feel able to fall in with this suggestion. At the same time the Newburn Urban District Council applied to the Ministry of Health for sanction to appoint a whole-time medical officer of health for that area alone, but, as this meant entirely upsetting the above-mentioned arrangements, the County Council suggested that, (a) it would be better to amend the scheme by dividing Area No. 3 into two and appointing a whole-time medical officer for each of the two areas, the districts in each area to be as follows :—

1. Seaton Valley Urban District.
Whitley and Monkseaton Urban District.
Longbenton Urban District.
2. Gosforth Urban District.
Newburn Urban District.
Castle Ward Rural District.

or (b) A joint whole-time medical officer should be appointed by the Gosforth and Newburn Urban District Councils and that, when the post of medical officer for the Castle Ward Rural District became vacant, this area should join with the Gosforth and Newburn Urban Districts and pay their proportion of the salary and expenses of the medical officer.

The Newburn Urban District Council then inquired as to whether the County Council could utilise the services of a joint Medical Officer until the Castle Ward Rural District Council became party to the arrangement, but this the County Council were unable to accede to.

Ultimately a conference, consisting of representatives from all the districts concerned and the County Council, unanimously agreed that Area No. 3 should be divided into two as outlined above and the scheme has been amended accordingly.

At the end of the year the Councils of the reconstructed area, comprising Seaton Valley, Whitley and Monkseaton and Longbenton Urban Districts, were taking steps to appoint a whole-time medical officer of health for that area, but, as neither the Gosforth nor Newburn Urban District Councils were prepared to appoint and pay the cost of a joint whole-time medical officer of health for those two districts until the post of medical officer of the Castle Ward Rural District became vacant, there was no alteration in the situation in that area.

BIRTHS.

Live Births.—According to the statistics supplied by the Registrar-General the net births belonging to the administrative county numbered 6,154—3,121 males and 3,033 females (4,834 of the births occurred in urban districts and 1,320 in rural districts).

Of the 6,154 births above-mentioned 212 (3.4%) were illegitimate.

The birth rate for the county was 15.16 (15.26 in 1936 and 15.53 in 1935).

The following table shows the comparative rates :—

	Birth rate.	Increase since 1936.	Decrease since 1936.	Mean rate 1927-1936.
Administrative County ...	15.16	—	0.10	16.45
Urban districts ...	15.52	—	0.11	17.20
Rural districts ...	13.92	—	0.16	14.19
England and Wales ...	14.9	0.1	—	15.56

Still-births.—The net still-births stated by the Registrar-General to have been registered as belonging to the administrative county during the year 1937 numbered 276—131 males and 145 females (232 belonging to urban districts and 44 to rural districts). Sixteen, representing 5.8% of the 276 still-births, were illegitimate.

Comparative rates, per 1,000 of the population, and per 1,000 of the total births registered are given in the following table :—

	Number.	Rate per 1,000 population.	Rate per 1,000 total births registered.
Administrative County ...	276	0.68	42.9
Urban Districts ...	232	0.74	45.8
Rural Districts ...	44	0.46	32.2

Particulars of live births and still-births as regards each sanitary district in the administrative county are shown in a table opposite page 30 of this report.

DEATHS.

Net deaths.—According to information supplied by the Registrar-General the net deaths numbered 5,143—2,662 males and 2,481 females (3,882 in urban and 1,261 in rural districts).

The following table shows the comparative rates :—

	Death rate.	Increase since 1936.	Decrease since 1936.	Death rate adjusted by application of comparability factor.	Mean rate 1927-1936.
Administrative County	12.67	0.65	—	13.43	11.71
Urban districts ...	12.47	0.69	—	13.71	11.74
Rural districts ...	13.30	0.51	—	12.63	11.61
England and Wales ...	12.4	0.3	—	—	12.11

Details of the deaths and death rates in the several districts are given in the table opposite page 30 of this report.

The diseases causing the greatest mortality in the administrative county during 1937 were as follows :—

Disease.	No. of deaths.	Percentage of total deaths.
Heart Disease	1147	22·30
Cancer... ..	666	12·95
Other circulatory diseases ..	323	6·28
Tuberculosis	297	5·77
Cerebral Hæmorrhage etc. ..	286	5·56
Pneumonia (all forms)	283	5·50
Influenza	196	3·81
Acute and Chronic Nephritis ...	190	3·70
Totals	3,388	65·87

The above-named seven diseases were responsible for more than half the deaths in the administrative county.

CANCER.

The following table indicates the proportion of deaths from Cancer to deaths from all causes during the five years 1932-36 inclusive. From this it would appear that in Northumberland there is a slight tendency towards an increase.

The regional radium centre in this area is at the Royal Victoria Infirmary, Newcastle-on-Tyne, which is a voluntary institution ; the County Council has made arrangements for the treatment there of in-patients and also defrays the cost of travelling of both in-patients and out-patients attending the centre. The medical practitioners in the area have been informed of these facilities, but so far very little use has been made of them.

PERCENTAGE OF DEATHS FROM CANCER TO THE TOTAL DEATHS REGISTERED IN NORTHUMBERLAND DURING THE YEARS 1932-1936 INCLUSIVE.

AGE PERIODS.		MALES.					FEMALES.					TOTALS.				
		Year.					Year.					Year.				
		1932	1933	1934	1935	1936	1932	1933	1934	1935	1936	1932	1933	1934	1935	1936
0-1	...	—	—	—	—	—	—	—	0.5	—	—	—	—	—	—	—
1-2	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2-5	...	—	—	1.9	2.2	2.7	—	1.4	3.0	—	—	—	—	1.6	2.5	1.5
5-15	...	1.5	—	1.4	—	1.9	—	—	3.9	—	—	0.7	1.5	0.7	1.6	0.8
15-25	...	0.9	1.7	3.1	1.0	2.5	0.8	3.7	—	1.6	—	0.9	1.4	3.4	0.5	2.1
25-35	...	5.0	1.4	5.1	4.7	1.8	5.3	2.3	2.8	6.2	—	5.2	3.4	3.8	3.8	3.8
35-45	...	7.9	6.3	9.6	9.0	7.5	15.9	14.9	20.2	15.6	—	11.8	13.0	12.3	13.7	11.2
45-55	...	14.2	16.6	13.4	15.5	17.2	21.7	23.3	20.9	27.6	—	17.9	20.1	17.8	18.0	22.6
55-65	...	19.0	18.0	20.6	20.9	19.1	23.0	21.7	19.0	20.9	—	21.0	20.7	21.1	20.0	19.9
65-75	...	16.0	14.9	18.8	15.7	16.3	16.7	18.5	19.0	18.1	—	16.3	16.6	18.3	17.0	17.2
75 and upwards	...	8.1	6.7	9.0	8.3	11.4	9.5	11.4	9.1	8.6	—	8.8	9.1	9.2	8.7	9.9
All ages	...	10.4	9.6	11.9	11.0	12.1	12.6	14.3	12.7	12.8	13.4	11.4	11.8	12.2	11.8	12.7

NORTHUMBERLAND.
CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY DURING 1937.

	CAUSES OF DEATH.	Sex.	AGGREGATE OF URBAN DISTRICTS.												AGGREGATE OF RURAL DISTRICTS.													Total.
			All Ages.	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—	All Ages.	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—		
	ALL CAUSES	M. F.	2026 1856	180 138	29 26	23 36	44 43	87 69	92 76	119 91	205 146	352 318	475 466	420 447	636 625	43 46	7 2	5 2	7 8	27 14	15 14	34 34	36 54	104 85	168 150	190 216	2,662 2,481	
1	Typhoid and para-typhoid fevers	M. F.	4 1	... ...	... ...	... ...	1 ...	... ...	2 ...	... ...	1 1	... ...	... ...	... ...	... 1	... ...	... ...	... 1	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	4 2
2	Measles	M. F.	5 10	1 1	1 6	2 2	... 1	... ...	... ...	1 ...	... ...	... ...	... ...	... ...	2 ...	... ...	... ...	... ...	... ...	... ...	1 ...	... ...	1 ...	... ...	... ...	... ...	7 10
3	Scarlet fever	M. F.	3 2	... ...	... ...	1 ...	1 1	1 ...	... 1	... ...	... ...	... ...	... ...	... ...	1 ...	... ...	... ...	... ...	... ...	... ...	1 ...	... ...	... ...	... ...	... ...	... ...	4 2
4	Whooping cough...	M. F.	5 10	4 4	1 1	... 5	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	2 5	2 5	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	7 15
5	Diphtheria	M. F.	9 8	1 ...	... ...	3 5	4 2	1 1	... ...	... ...	... ...	... ...	... ...	... ...	1 3	... ...	... ...	... 2	... ...	... ...	... ...	... ...	... ...	1 ...	... 1	... ...	10 11
6	Influenza	M. F.	72 69	3 2	1 ...	... 1	3 ...	5 ...	2 5	7 10	7 11	15 9	20 13	9 18	23 32	... ...	1 ...	... ...	... ...	1 1	2 3	3 4	2 4	1 4	3 4	10 12	95 101
7	Encephalitis lethargica ...	M. F.	6 4	... ...	... ...	... ...	... ...	2 1	... 1	1 1	1 ...	2 1	... ...	... ...	... 2	... ...	... ...	... ...	... ...	... ...	... 1	... ...	... 1	... ...	... ...	... ...	6 6
8	Cerebro-spinal fever	M. F.	5 ...	... ...	1 ...	1 ...	... ...	2 ...	... ...	1 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	5 ...
9	Tuberculosis of respiratory system	M. F.	100 83	1 ...	1 ...	... 1	1 4	21 29	26 28	19 12	15 4	11 5	4 ...	1 ...	20 16	1 ...	... ...	... ...	... ...	5 5	2 2	4 5	4 2	3 1	1 1	... ...	120 99
10	Other tuberculous diseases ...	M. F.	29 27	4 1	1 4	6 2	2 5	7 6	3 5	4 1	1 1	... 1	... 1	1 ...	13 9	... ...	1 ...	1 ...	2 1	3 2	2 3	3 ...	... ...	1 2	... 1	... ...	42 36
11	Syphilis	M. F.	5 1	1 ...	... ...	... ...	1 ...	... ...	... ...	... ...	1 1	2 ...	... ...	... ...	... 1	... ...	... ...	... ...	... ...	... ...	... ...	... 1	... ...	... ...	... ...	... ...	5 2
12	General paralysis of the insane, tabes dorsalis	M. F.	9 2	... ...	... ...	... ...	... ...	... ...	... ...	1 1	3 ...	4 1	... ...	1 ...	2 1	... ...	... ...	... ...	... ...	... ...	... 1	1 ...	... ...	1 ...	... ...	... ...	11 3
13	Cancer, malignant disease ...	M. F.	229 273	... 1	... ...	... ...	1 ...	1 3	7 4	5 18	27 42	64 74	78 82	46 49	70 94	... ...	... ...	... ...	... ...	... ...	... ...	2 5	6 16	17 18	24 32	21 23	299 367
14	Diabetes	M. F.	26 30	... ...	... ...	... ...	... 1	1 1	2 ...	3 1	... 4	9 8	6 10	5 5	15 8	... ...	... ...	... ...	1 ...	... ...	... ...	1 ...	... ...	4 1	5 5	4 2	41 38
15	Cerebral hæmorrhage, etc. ...	M. F.	90 122	... ...	... ...	... ...	... ...	... ...	... ...	1 ...	7 6	24 27	30 45	28 44	34 40	... ...	... ...	... ...	... ...	... ...	1 ...	... 1	2 5	6 13	14 19	11 19	124 162
16	Heart disease	M. F.	434 425	... ...	... ...	... ...	2 5	7 5	8 4	14 12	42 32	100 83	141 157	120 127	156 132	... ...	... ...	... ...	... 1	... 1	1 2	3 3	8 7	30 24	55 36	59 58	590 557
17	Aneurysm	M. F.	8 2	... ...	... ...	... ...	... ...	... ...	1 ...	... ...	4 ...	2 1	1 1	... ...	2 ...	... ...	... ...	... ...	... ...	... ...	... ...	1 ...	... ...	... ...	... ...	1 ...	10 2
18	Other circulatory diseases ...	M. F.	135 96	... ...	... ...	... ...	1 ...	... ...	... ...	1 ...	4 5	10 23	65 29	54 39	42 50	... ...	... ...	... ...	... ...	... ...	... ...	1 ...	1 2	4 ...	18 18	19 29	177 146
19	Bronchitis... ..	M. F.	76 54	13 7	1 ...	2 2	... 1	2 ...	... 2	3 ...	4 1	14 5	14 14	23 22	11 16	2 ...	... ...	... ...	... ...	... ...	... ...	... ...	1 1	1 4	4 10	4 10	87 70
20	Pneumonia (all forms)	M. F.	135 98	34 20	13 10	2 9	3 5	4 5	6 3	12 5	19 6	18 12	12 15	12 8	31 19	5 3	2 1	... ...	1 ...	2 ...	1 ...	1 1	5 3	7 4	6 2	1 5	166 117
21	Other respiratory diseases ...	M. F.	26 7	1 ...	... ...	... ...	1 ...	... ...	1 ...	1 ...	6 1	2 1	8 ...	6 5	6 5	1 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1 2	1 1	3 2	32 12
22	Peptic ulcer	M. F.	23 5	... ...	... ...	... ...	... ...	... ...	3 ...	4 ...	7 ...	4 3	3 ...	2 2	6 3	... ...	... ...	... ...	... ...	1 ...	1 ...	... 1	... ...	2 ...	... 2	2 ...	29 8
23	Diarrhoea, etc.	M. F.	19 20	12 12	2 1	1 ...	... ...	... ...	... 1	2 ...	... 1	... 1	... 1	2 3	6 8	3 2	1 1	... ...	1 1	... 1	... ...	... ...	1 ...	1 ...	... ...	2 ...	25 28
24	Appendicitis	M. F.	8 8	... ...	... ...	... ...	3 1	... 1	2 ...	... 4	1 1	1 1	1 ...	... ...	8 5	... ...	... ...	1 ...	1 ...	1 1	... 1	... 2	1 1	2 ...	1 ...	... ...	16 13
25	Cirrhosis of liver... ..	M. F.	5 3	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1 ...	2 ...	1 3	1 ...	2 ...	... ...	... ...	... ...	1 ...	... ...	... ...	... ...	1 ...	... ...	... ...	... ...	7 3
26	Other diseases of liver, etc. ...	M. F.	9 18	... ...	... ...	... ...	... 1	... 1	1 1	1 1	... ...	1 6	4 5	2 3	3 3	... ...	... ...	... ...	... ...	1 ...	... ...	... ...	... ...	... ...	1 2	1 ...	12 21
27	Other digestive diseases ...	M. F.	29 35	1 2	... ...	1 ...	4 3	2 1	2 1	1 2	5 3	4 9	7 11	2 3	10 9	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	3 1	5 5	2 3	39 44
28	Acute and chronic nephritis ...	M. F.	60 70	... ...	... 1	... ...	1 2	1 ...	3 3	... 3	9 7	16 12	17 23	13 19	33 27	... ...	1 ...	1 ...	... ...	1 ...	... ...	1 ...	3 7	7 6	10 4	9 10	93 97
29	Puerperal sepsis	F.	5	...	...	...	...	1	2	2	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	6
30	Other puerperal causes ...	F.	16	...	...	...	...	2	5	8	1	...	...	...	4	...	...	...	...	1	1	2	...	...	...	...	20
31	Congenital debility, premature birth, malformations, etc.	M. F.	90 76	86 74	1 1	2 1	1	24 35	24 35	114 111
32	Senility	M. F.	68 96	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1 ...	... 2	11 22	56 72	21 34	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... 2	3 4	18 28	89 130
33	Suicide	M. F.	19 11	... ...	... ...	... ...	... ...	1 1	1 3	4 ...	6 2	5 4	1 1	1 ...	2 4	... ...	... ...	... ...	... ...	... 1	... ...	1 2	... 1	1 ...	... ...	... ...	21 15
34	Other Violence	M. F.	113 35	4 ...	3 ...	... 6	10 3																				

INFANT MORTALITY.

	Number of deaths.	Death rate per 1000 births	Increase since 1936.	Decrease since 1936.	Mean rate 1927-1936.
Administrative County ...	407	66	—	4	71
Urban districts ...	318	65	—	6	74
Rural districts ...	89	67	—	—	60
England and Wales ...	34,917	58	—	1	64

The subjoined tables indicate the rates among legitimate and illegitimate infants respectively

	Legitimate Infants.		Illegitimate Infants.	
	No. of deaths under 1 year.	Death rate per 1000 births.	No. of deaths under 1 year.	Death rate per 1000 births.
Administrative County ...	385	64	22	103
Urban districts ...	300	65	18	129
Rural districts ...	85	68	4	54

DEATHS UNDER 5 YEARS AND AT 65 YEARS AND UPWARDS.

The rates (per 1,000 population) were as follows :—

			Under 5 years.	65 years and upwards.
Administrative County ...	...	...	1.32	6.23
Urban districts ...	...	...	1.38	5.81
Rural districts ...	...	...	1.10	7.63

INFECTIOUS DISEASES.

Notification of cases of infectious disease to the local authority by the medical practitioners in attendance is an accepted and necessary part of the control of these conditions. In the febrile and infectious conditions arising in the puerperium there have been two different categories of notifiable disease. In order to lead to more complete notification of these conditions the procedure has been simplified by the Public Health Act, 1936.

Hitherto it has been necessary for purposes of notification to differentiate between puerperal fever and puerperal pyrexia. The effect of the new legislation is to remove this differentiation, puerperal febrile conditions being now notifiable under the single heading of puerperal pyrexia.

The number of notifications of puerperal conditions received during the year was greater than that in the preceding year. The death rate from these conditions per 1,000 births also shewing a slight increase on the corresponding rate for 1936.

The incidence of infectious disease generally was less than in the previous year. There was a considerable reduction in the number of notifications of scarlet fever, though the death rate shewed a slight increase to 0.015 per 1,000 population. The considerable decline in the mortality from this condition which has occurred in the past forty years is shewn by the fact

that while the average number of cases of scarlet fever notified per annum during the quinquennium 1893/97 was only slightly in advance of the annual number of cases occurring at the present time, the average death rate during that period was 0.21 per 1,000 population, fourteen times as high as the present figure.

The number of notifications of diphtheria received and the number of deaths from this disease both shewed a decline on the previous year. The death rate from diphtheria was 0.051 per 1,000 population. This figure compares favourably with the rate of 0.072 for the whole of England and Wales, and is only one-third of the average rate in the period 1893-97. Though there is some annual fluctuation in the death rate from diphtheria, there has been no steady decrease in the rate during the past ten years. Serum treatment and hospitalisation have done much to bring the rate down to the present low level, but a considerable number of deaths and much impairment of health occurs annually. Diphtheria is a disease particularly of pre-school and school children, and any proved method of protecting children of these ages should be employed to the greatest possible extent.

The immunisation of children against diphtheria has been carried out in the Child Welfare Clinics and the schools of the County for some time. Such immunisation reduces the risk of infection with diphtheria to a very considerable extent, and almost entirely eliminates the possibility of a fatal termination to the disease. It is hoped that as the facilities available for the protection of children are more widely used, it will be possible to reduce the diphtheria death rate still further.

It is worthy of note that more deaths were caused by whooping cough than by diphtheria, and more deaths by measles than by scarlet fever. The incidence of whooping cough and measles cannot at present be ascertained with accuracy. The number of deaths is, however, an indication that these very prevalent conditions are of serious significance. Facilities for the treatment of complicated cases of both diseases must be available in every modern infectious diseases hospital, and the tendency to regard these conditions as of little import is to be deprecated.

Notifications of Infectious Diseases received during the year 1937 under Article 14 (2) of the Sanitary Officers Order, 1926.

SANITARY DISTRICTS.				Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Pneumonia.	Puerperal Fever.	Puerperal Pyrexia.	Erysipelas.	TOTALS.
MUNICIPAL BOROUGHES.												
Berwick-on-Tweed	...	...	—	5	11	...	7	1	...	2	26
Blyth	...	...	—	129	37	...	76	2	8	19	271
Morpeth	...	...	—	12	2	...	7	...	...	3	24
Wallsend	...	...	—	214	78	5	129	...	4	31	461
URBAN DISTRICTS.												
Alnwick...	...	...	—	4	5	...	1	...	1	1	12
Amble	...	...	—	6	1	...	...	...	...	...	7
Carried forward				...	370	134	5	220	3	13	56	801

SANITARY DISTRICTS.	Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Pneumonia.	Puerperal Fever.	Puerperal Pyrexia.	Erysipelas.	TOTALS.
Urban Districts— <i>contd.</i>									
<i>Brought forward</i> ...	—	370	134	5	220	3	13	56	801
Ashington ...	—	84	29	9	42	2	8	12	186
Bedlington ...	—	53	12	2	66	...	7	13	153
Gosforth ...	—	51	25	...	52	...	1	10	139
Hexham ...	—	10	2	...	21	...	...	4	37
Longbenton ...	—	130	81	4	44	...	5	6	270
Newbiggin-by-Sea ...	—	29	10	5	72	...	4	12	132
Newburn ...	—	50	20	1	27	...	6	10	114
Prudhoe ...	—	50	15	...	40	...	...	10	115
Seaton Valley ...	—	54	42	1	16	...	1	10	124
Whitley & Monkseaton	—	45	23	...	28	...	...	11	107
RURAL DISTRICTS.									
Alnwick... ..	—	8	14	1	5	...	1	6	35
Belford	—	11	7	...	10	...	...	1	29
Bellingham ...	—	13	...	...	9	...	...	...	22
Castle Ward ...	—	21	12	1	12	...	1	7	54
Glendale	—	6	4	...	10	...	...	...	20
Haltwhistle ...	—	1	1	...	6	...	...	...	8
Hexham	—	32	4	...	33	...	5	6	80
Morpeth	—	25	16	5	23	...	3	4	76
Norham & Islandshire	—	14	...	...	1	...	1	1	17
Rothbury	—	5	13	1	10	...	1	4	34
	—	1,062	464	35	747	5	57	183	2,553

The attack rate per 1,000 population for the administrative county was 6.28, for boroughs and urban districts 7.00, and for rural districts 3.95.

The following are the attack rates, per 1,000 population, of the under-mentioned infectious diseases, in each sanitary district in the administrative county :—

Sanitary Districts.	Small-pox	Scarlet Fever.	Diphtheria.	Enteric Fever.*	Puerperal Fever.	Puerperal Pyrexia	Erysipelas.
<i>Municipal Boroughs.</i>							
Berwick	—	0.41	0.90	...	0.08	...	0.16
Blyth	—	3.73	1.07	...	0.05	0.23	0.55
Morpeth	—	1.27	0.21	...	...	...	0.31
Wallsend	—	4.88	1.77	0.11	...	0.09	0.70
<i>Urban Districts.</i>							
Alnwick	—	0.58	0.72	...	...	0.14	0.14
Amble	—	1.38	0.23	...	...	...	...
Ashington	—	2.80	0.96	0.30	0.06	0.26	0.40

Sanitary Districts.	Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.*	Puerperal Fever.	Puerperal Pyrexia	Erysipelas.
<i>Urban Districts—Contd.</i>							
Bedlingtonshire ...	—	1.92	0.43	0.07	...	0.25	0.47
Gosforth ...	—	2.57	1.26	...	...	0.05	0.50
Hexham ...	—	1.09	0.21	...	...	...	0.43
Longbenton ...	—	6.07	3.78	0.18	...	0.23	0.28
Newbiggin ...	—	3.26	1.12	0.56	...	0.45	1.35
Newburn ...	—	2.59	1.03	0.05	...	0.31	0.51
Prudhoe ...	—	5.63	1.69	...	...	...	1.12
Seaton Valley ...	—	1.95	1.51	0.03	...	0.03	0.36
Whitley & Monkseaton	—	1.65	0.84	...	...	...	0.40
<i>Rural Districts.</i>							
Alnwick ...	—	0.66	1.15	0.08	...	0.08	0.49
Belford ...	—	2.35	1.49	...	...	...	0.21
Bellingham ...	—	2.63	...	...	...	...	...
Castle Ward ...	—	1.67	0.95	0.07	...	0.07	0.55
Glendale ...	—	0.79	0.53	...	...	...	...
Haltwhistle ...	—	0.12	0.12	...	...	...	...
Hexham ...	—	1.61	0.20	...	...	0.25	0.30
Morpeth ...	—	1.66	1.06	0.33	...	0.19	0.26
Norham & Islandshires	—	3.04	...	...	...	0.21	0.21
Rothbury ...	—	0.88	2.30	0.17	...	0.17	0.71

* Including Typhoid and Paratyphoid.

It will be observed that the highest attack rates were as follows :—

Scarlet Fever.—Longbenton Urban District, 6.07 ; Prudhoe Urban District, 5.63 ; and Wallsend Borough, 4.88.

Diphtheria.—Longbenton Urban District, 3.78 ; Rothbury Rural District, 2.30 ; and Wallsend Borough, 1.77.

Enteric Fever.—Newbiggin-by-the-Sea Urban District, 0.56 ; Morpeth Rural District, 0.33 ; and Ashington Urban District, 0.30.

Puerperal Fever.—Berwick-upon-Tweed Borough, 0.08 ; Ashington Urban District, 0.06 ; and Blyth Borough, 0.05.

Puerperal Pyrexia.—Newbiggin-by-the-Sea Urban District, 0.45 ; Newburn Urban District, 0.31 ; and Ashington Urban District, 0.26.

Erysipelas.—Newbiggin-by-the-Sea Urban District, 1.35 ; Prudhoe Urban District, 1.12 ; and Rothbury Rural District, 0.71.

ZYMOTIC DISEASES.

The Zymotic diseases which are generally notifiable are Small-pox, Scarlatina, Diphtheria, Fevers (Typhus, Typhoid, Paratyphoid and Continued & Relapsing). The seven principal Zymotic diseases upon which the Zymotic death rate is calculated, are the four just mentioned, and in addition, Whooping Cough, Measles and Diarrhoea & Enteritis (under two years).

One hundred and six deaths were caused by the seven principal Zymotic diseases, being a decrease of 17 compared with the number registered in 1936. Of these 84 took place in the urban and 22 in the rural districts.

The Zymotic diseases which caused the greatest mortality were :—

Diseases.	Number of deaths.		
	1937.	1936.	1935.
Diarrhoea and Enteritis (under 2 years)	34	48	33
Whooping Cough... ..	22	9	23
Diphtheria... ..	21	38	44

As Diarrhoea & Enteritis, Measles and Whooping Cough are not generally notifiable, no information can be given as to the number of cases which occurred.

The comparative rates for Zymotic diseases are set out in the following table :—

Diseases.	Death Rate.	Increase since 1936.	Decrease since 1936.
Administrative County	0·26	—	0·04
Urban districts	0·27	—	0·08
Rural districts	0·23	0·09	—
England and Wales	0·23	—	0·07

Table showing death rates per 1,000 living, from each of the seven principal Zymotic diseases for the seven years ended December 31st, 1937.

Diseases.	1931.	1932.	1933.	1934.	1935.	1936.	1937.
Small-pox	Nil.	Nil.	Nil.	Nil.	Nil.	Nil.	Nil.
Scarlatina	0·007	0·014	0·046	0·075	0·037	0·005	0·015
Diphtheria	0·036	0·022	0·015	0·073	0·108	0·093	0·051
Typhoid & Paratyphoid	0·014	0·007	0·012	0·004	Nil.	0·005	0·015
Measles	0·201	0·017	0·053	0·133	0·042	0·059	0·041
Whooping Cough	0·083	0·095	0·029	0·068	0·056	0·022	0·054
Diarrhoea & Enteritis (under 2 years)	0·071	0·100	0·154	0·084	0·081	0·118	0·083

Small-pox.—No cases were notified.

Typhus, Cholera, Plague, Anthrax (in human subjects).—No cases were reported.

Cerebro-spinal Meningitis.—Six cases were notified; 5 deaths were reported.

Encephalitis Lethargica.—One case was notified; twelve deaths were reported.

Poliomyelitis.—One case was notified. No death was reported.

Polio-encephalitis.—No case was notified, and no death was reported.

Chicken-pox was reported from 7 Sanitary districts.

Dysentery.—Sixteen cases were reported from 6 Sanitary districts.

Measles.—One case was reported.

Malaria.—No case was reported.

Undulant Fever.—No case was reported.

Whooping Cough.—A few cases were reported from one district.

SCARLET FEVER.

The notifications numbered 1,062 (926 from urban and 136 from rural districts). The mortality from this disease was 6 (5 occurring in urban and 1 in rural districts). In 1936, 2 deaths were reported, and in 1935, 15.

		Death rate per 1000 population.	Increase since 1936.	Decrease since 1936.	Attack rate per 1000 living.
Administrative County	...	0·015	0·011	—	2·61
Urban districts	...	0·016	0·010	—	2·97
Rural districts	...	0·010	0·010	—	1·43

The district in which the greatest number of cases occurred was Wallsend Borough (214).

TYPHOID AND PARATYPHOID FEVERS.

Thirty-five cases (27 from urban and 8 from rural districts) were notified. Six deaths occurred. In 1936 there were 2 deaths from this disease, in 1935, none.

		Death rate per 1000 population.	Increase since 1936.	Decrease since 1936.	Attack rate per 1000 living.
Administrative County	...	0·015	0·011	—	0·08
Urban districts	...	0·016	0·013	—	0·08
Rural districts	...	0·010	—	—	0·08

The district in which the greatest number of cases occurred was Ashington U.D., 9.

DIPHTHERIA AND MEMBRANOUS CROUP.

The notifications numbered 464 (393 from urban and 71 from rural districts). The diseases (one or both) were notified from all districts except the rural districts of Bellingham and Norham & Islandshires.

Twenty-one deaths occurred (17 in urban and 4 in rural districts) ; 38 deaths were reported in 1936 and 44 in 1935.

			Death rate per 1000 population.	Increase since 1936.	Decrease since 1936.	Attack rate per 1000 living.
Administrative County	...		0·051	—	0·042	1·14
Urban districts	...	...	0·054	—	0·058	1·26
Rural districts	...	...	0·042	0·011	—	0·74

MEASLES.

Seventeen deaths occurred (all except two in urban districts) ; 24 deaths were reported in 1936 and 17 in 1935.

			Death rate per 1,000 population.	Increase since 1936.	Decrease since 1936.
Administrative County	...	...	0·041	—	0·018
Urban districts	...	...	0·048	—	0·026
Rural districts	...	...	0·021	0·011	—

WHOOPING COUGH.

The deaths numbered 22 (15 in urban districts and 7 in rural districts) ; 9 deaths were reported in 1936 and 23 in 1935.

			Death rate per 1,000 population.	Increase since 1936.	Decrease since 1936.
Administrative County	...	...	0·054	0·032	—
Urban districts	...	...	0·048	0·026	—
Rural districts	...	...	0·073	0·053	—

PUERPERAL FEVER.

This disease caused 6 deaths (5 in urban and 1 in rural districts), compared with 10 in 1936 and 9 in 1935.

			Death rate per 1,000 total births.	Increase since 1936.	Decrease since 1936.
Administrative County	...	...	0·93	—	0·61
Urban districts	...	...	0·98	—	0·59
Rural districts	...	...	0·73	—	0·70

The distribution of the deaths was as follows : Wallsend Borough, 1 ; Ashington Urban District, 1 ; Longbenton Urban District, 1 ; Newburn Urban District, 1 ; Whitley and Monkseaton Urban District, 1 ; Glendale Rural District, 1.

DIARRHOEA AND ENTERITIS.

At all ages.

The number of deaths at all ages was 53 (39 in urban and 14 in rural districts). In 1936 61 deaths occurred, and in 1935, 46.

	Death rate per 1,000 population.	Increase since 1936.	Decrease since 1936.
Administrative County	0·130	—	0·020
Urban districts	0·125	—	0·039
Rural districts	0·147	0·043	—

Under 2 years.

The deaths from this cause, under two years of age, numbered 34 (48 in 1936 and 33 in 1935); 27 occurred in urban and 7 in rural districts.

	Death Rate per 1,000 births.	Increase since 1936.	Decrease since 1936.
Administrative County	5·52	—	2·21
Urban districts	5·58	—	2·86
Rural districts	5·30	0·13	—

RESPIRATORY DISEASES.

Respiratory diseases (exclusive of Respiratory Tuberculosis) caused 484 deaths in the administrative county during the year; 396 occurred in urban and 88 in rural districts. 455 deaths were reported in 1936 and 423 during 1935. The following table shows the comparative rates :—

	Death Rate per 1,000 population.	Increase since 1936.	Decrease since 1936.
Administrative County	1·19	0·08	—
Urban districts	1·27	0·12	—
Rural districts	0·92	—	0·07

INFLUENZA.

One hundred and ninety-six deaths were recorded (141 in urban and 55 in rural districts), as directly attributable to this disease during the year. The deaths during 1936 numbered 47, and during 1935, 75. The following table indicates the comparative rates :—

	Death Rate per 1,000 population.	Increase since 1936.	Decrease since 1936.
Administrative County	0·48	0·37	—
Urban districts	0·45	0·35	—
Rural districts	0·58	0·43	—

TABLE OF VITAL AND MORTALITY STATISTICS, &c., 1937.

[illegible]

Vital and Mortality Statistics.

The following table shows the principal vital and mortality rates for the years 1892-1937 (inclusive).

Year.	Birth rate per 1,000 living.	General death rate per 1,000 living.	Infant mortality rate per 1,000 births.	Zymotic death rate per 1,000 living.	Death rate from Respiratory Tuberculosis per 1,000 living.
1892	33.25	18.41	130.00	1.42	1.67
1893	33.22	18.50	160.00	2.35	1.67
1894	31.76	16.12	131.73	1.51	1.56
1895	32.59	18.72	156.28	2.29	1.62
1896	31.75	15.87	136.74	1.46	1.43
1897	31.57	16.73	150.66	1.69	1.50
1898	30.88	17.44	169.80	1.99	1.32
1899	31.46	17.71	173.88	2.29	1.27
1900	31.24	17.53	160.31	1.73	1.38
1901	33.22	18.72	183.57	2.80	1.25
1902	32.76	16.63	126.90	1.40	1.25
1903	32.58	16.81	145.43	1.58	1.19
1904	29.42	17.12	168.69	1.99	1.17
1905	30.41	15.01	133.57	1.26	1.02
1906	29.09	14.52	136.28	1.51	1.04
1907	28.25	13.51	112.93	1.03	1.00
1908	29.46	14.82	146.41	1.28	0.95
1909	28.43	13.39	106.99	1.03	1.01
1910	26.91	12.99	114.73	1.01	0.93
1911	27.48	13.96	136.79	1.94	0.98
1912	27.05	12.98	93.80	1.02	0.86
1913	26.43	13.61	111.39	1.28	0.91
1914	26.61	13.31	113.78	1.33	0.91
1915	24.42	15.82	122.00	2.04	1.03
1916	21.91	13.75	101.00	0.84	1.10
1917	20.39	13.60	101.00	0.97	1.06
1918	21.54	17.26	101.00	1.07	1.22
1919	22.14	14.11	102.00	0.92	0.97
1920	28.30	12.89	90.00	0.76	0.92
1921	25.50	12.42	95.00	1.01	0.87
1922	22.54	12.72	87.00	0.41	0.88
1923	22.56	11.33	76.00	0.74	0.85
1924	22.18	12.06	83.00	0.40	0.82
1925	20.88	11.63	82.00	0.67	0.78
1926	20.02	11.37	77.00	0.53	0.73
1927	17.90	11.53	77.00	0.27	0.81
1928	18.37	11.39	67.00	0.28	0.68
1929	16.79	12.22	81.00	0.65	0.74
1930	17.13	11.02	62.00	0.23	0.78
1931	16.66	12.24	77.00	0.41	0.75
1932	15.94	11.33	67.00	0.25	0.68
1933	15.42	11.93	71.00	0.31	0.65
1934	15.48	11.78	69.00	0.43	0.60
1935	15.60	11.67	71.00	0.32	0.53
1936	15.26	12.02	70.00	0.30	0.55
1937	15.16	12.67	66.00	0.26	0.54

TUBERCULOSIS.

Table 1.

Deaths and death rates.

	Respiratory Tuberculosis.				Other Tuberculous diseases.				Tuberculosis (all forms).			
	Deaths.	Death rates per 100,000 living.	Increase in rates since 1936.	Decrease in rates since 1936.	Deaths.	Death rates per 100,000 living.	Increase in rates since 1936.	Decrease in rates since 1936.	Deaths.	Death rates per 100,000 living.	Increase in rates since 1936.	Decrease in rates since 1936.
Administrative County	219	54	...	1	78	19	3	...	297	73	2	...
Urban districts ...	183	59	3	...	56	18	1	...	239	77	4	...
Rural districts ...	36	38	...	14	22	23	8	...	58	61	...	6
England and Wales ...	...	58	...	...	...	11	...	...	...	69	...	...

Table 1 shows the number of deaths and the death rates per 100,000 living from all forms of tuberculosis. It will be observed that in respiratory tuberculosis there is a decrease of 1 per 100,000 in the Administrative County as a whole. The rural districts show a decrease of 14 per 100,000, while the urban districts indicate an increase of 3 per 100,000 living.

In other forms of tuberculosis, the rate has increased by 3 in the Administrative County, 1 in the urban districts, and 8 in the rural districts, per 100,000 of population.

As indicated above, the death rate from all forms of tuberculosis in the Administrative County during 1937 was 73, being an increase of 2 per 100,000 of population on the rate of last year. Of the 297 deaths, 239 occurred in boroughs and urban districts (population 311,100) equivalent to a death rate of 77 per 100,000 living persons, and 58 in rural districts (population 94,800) corresponding with a death rate of 61 per 100,000 living.

Table 2.

Deaths and death rates, 1900—1937.

Administrative County of Northumberland.

Year.	Respiratory Tuberculosis.		Other Tuberculous Diseases.		Tuberculosis (all forms).		Total Deaths from all causes.	% of Deaths from Tuberculosis.
	No. of Deaths.	Death rate per 100,000 living.	No. of Deaths.	Death rate per 100,000 living.	No. of Deaths.	Death rate per 100,000 living.		
*1900	537	138	244	62	781	200	6,822	11.4
*1901	495	125	280	71	775	196	7,261	10.6
*1902	498	125	240	60	738	185	6,605	11.1
*1903	485	119	323	79	808	198	6,826	11.8
*1904	490	117	317	76	807	193	7,131	11.3
1905	344	102	239	71	583	173	5,016	11.6
1906	362	104	208	60	570	164	5,026	11.3
1907	355	100	197	55	552	155	4,790	11.5
1908	344	95	220	60	564	155	5,377	10.5
1909	377	101	207	55	584	156	4,994	11.6
1910	355	93	225	60	580	153	4,917	11.7
1911	366	98	200	54	566	152	5,159	10.9
1912	328	86	193	50	521	136	4,861	10.7
1913	353	91	189	48	542	139	5,175	10.4
†1914	360	91	180	46	540	137	5,125	10.5
†1915	376	103	197	54	573	157	5,786	9.9
†1916	394	110	187	52	581	162	4,915	11.8
†1917	378	106	194	54	572	160	4,851	11.7
†1918	434	122	164	46	598	168	6,129	9.7
1919	367	97	136	36	503	133	5,335	9.4
1920	363	92	144	37	507	129	5,072	9.9
1921	347	87	151	38	498	125	4,944	10.1
1922	355	88	127	31	482	119	5,113	9.4
1923	345	85	122	30	467	115	4,599	10.1
1924	337	82	126	31	463	113	4,951	9.3
1925	324	78	123	30	447	108	4,807	9.3
1926	303	73	120	29	423	102	4,735	8.9
1927	337	81	90	22	427	103	4,812	8.9
1928	277	68	107	26	384	94	4,642	8.3
1929	301	74	108	26	409	100	5,009	8.2
1930	321	78	89	22	410	100	4,516	9.1
1931	309	75	100	25	409	100	4,993	8.2
1932	279	68	93	23	372	91	4,648	8.0
1933	268	65	81	20	349	85	4,893	7.1
1934	249	60	85	21	334	81	4,856	6.9
1935	218	53	77	19	295	72	4,742	6.2
1936	224	55	66	16	290	71	4,886	5.9
1937	219	54	78	19	297	73	5,143	5.8
Mean 1927-1936.	278	68	90	22	368	90	4,800	7.7

NOTES.—*Prior to 1905 Tynemouth U.D., Benwell and Walker were in County area.

†1914-1918 were "war" years.

‡1918 was the year of two severe epidemics of influenza.

Table 2 shows the deaths and death rates from 1900 to 1937 in the Administrative County from respiratory tuberculosis, other tuberculous diseases, and all forms, together with the total number of deaths from all causes and the percentage of deaths due to tuberculous diseases. It

will be noted that the death rate from all forms of tuberculosis is 73 per 100,000 living persons, while in 1900 it was 200. The percentage of deaths from tuberculosis in 1900 was 11.4 against 5.8 in 1937. The total number of deaths from all causes in 1900 was 6,822, while in 1937 it was 5,143.

During the five years 1932-1936 the mean mortality rate from all forms of tuberculous diseases in the Administrative County was 80; respiratory tuberculosis 60; and other tuberculous diseases 20 per 100,000 living. In the preceding quinquennial period (1927-1931) the mean rates were: from tuberculosis (all forms) 99; respiratory 75, and other tuberculous diseases 24 per 100,000 persons living.

The following table shows notifications and mortality at specified age periods during the year 1937:—

Table 3.

Age Periods.	New Cases.				Deaths.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M	F.	M.	F.	M.	F.	M.	F.
0—	...	1	5	1	2	...	4	1
1—	8	7	12	18	1	1	9	6
5—	19	28	36	25	1	4	4	6
15—	39	51	15	15	26	34	10	8
25—	43	41	4	8	28	30	5	8
35—	23	26	3	1	23	17	7	1
45—	22	6	3	...	19	6	1	1
55—	15	5	1	1	14	6	1	3
65 and upwards	2	2	1	...	6	1	1	2
	*171	*167	*80	*69	120	99	42	36

* Includes new cases coming to the knowledge of the County Medical Officer other than by formal notification under the Public Health (Tuberculosis) Regulations, 1930.

Thirty-two cases (12 pulmonary and 20 non-pulmonary) were not notified prior to death. Of this number 14 died in institutions, etc., outside the Administrative County. Last year 41 cases were unnotified prior to death.

ADMINISTRATION.

For convenience, the following data is given categorically in order to meet the requirements of the Ministry of Health:—

Public Health (Prevention of Tuberculosis) Regulations, 1925.—Following upon an application by the County Council, authority for enforcing these Regulations, within the area of the administrative county, was given to the County Council through the medium of the County of Buckingham (Prevention of Tuberculosis) Order, 1926. It was not found necessary to take any action under the Regulations during the year.

Public Health Act, 1925, Section 62.—No action was found to be necessary during the year.

As already indicated, the mean death rate from Respiratory Tuberculosis in the administrative County during the previous five years (1932-1936) was 60 per 100,000; this rate is greater than that recorded from all the deaths arising from the seven principal Zymotic Diseases, which showed a mean rate of 32 per 100,000 during the same period.

TABLE 4.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.

SUMMARY OF NOTIFICATIONS DURING THE PERIOD FROM THE 1ST JANUARY, 1937, TO THE 31ST DECEMBER, 1937, IN THE AREA OF THE COUNTY OF NORTHUMBERLAND.

Age-periods.	Formal Notifications.											Total Notifications.	
	Number of Primary Notifications of new cases of Tuberculosis.												
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards.		Total (all ages).
Pulmonary (Males) ...	—	8	5	14	20	19	41	21	21	13	2	164	181
" (Females) ...	1	7	20	8	27	23	40	25	6	3	2	162	174
Non-pulmonary (Males) ...	3	8	26	9	8	4	3	1	3	1	1	67	73
" (Females)	1	16	13	11	10	2	7	1	—	1	—	62	67
												455	495

NOTIFICATION REGISTERS.

Number of cases of Tuberculosis remaining at the 31st December, 1937, on the Registers of Notifications kept by District Medical Officers of Health in the County	Pulmonary.			Non-Pulmonary.			Total Cases.
	Males.	Females.	Total.	Males.	Females.	Total.	
	1,413	1,320	2,733	634	558	1,192	3,925
Number of cases removed from the Registers during the year by reason <i>inter alia</i> of :—							
1. Withdrawal of notification	9	2	11	—	1	1	12
3. Death	119	87	206	21	27	48	254
2. Recovery from disease	80	61	141	32	32	64	205
4. Otherwise	30	29	59	8	9	17	76

TABLE 5.

INCIDENCE OF TUBERCULOSIS IN THE ADMINISTRATIVE COUNTY ACCORDING
TO DISTRICTS, 1937.

SANITARY DISTRICTS.	"Live" cases on Registers at com- mencement of year.			Number of Primary Notifications during year.			Deaths Registered during year.			"Live" cases on Registers at end of year.		
	Respir- atory.	Other forms.	Total	Respir- atory.	Other forms.	Total	Respir- atory.	Other forms.	Total	Respir- atory.	Other forms.	Total
<i>Municipal Boroughs.</i>												
Berwick-on-Tweed ...	82	59	141	11	1	12	12	1	13	74	60	134
Blyth ...	202	57	259	33	13	46	16	6	22	214	60	274
Morpeth ...	93	21	114	12	2	14	5	...	5	99	22	121
Wallsend...	244	90	334	54	20	74	34	17	51	213	80	293
<i>Urban Districts.</i>												
Alnwick ...	90	20	110	3	1	4	4	2	6	87	20	107
Amble ...	21	12	33	1	1	2	4	...	4	20	12	32
Ashington ...	191	96	287	18	10	28	10	4	14	180	99	279
Bedlingtonshire ...	235	101	336	30	7	37	23	5	28	233	101	334
Gosforth ...	80	20	100	7	4	11	13	3	16	48	18	66
Hexham ...	131	34	165	8	3	11	4	1	5	135	36	171
Longbenton ...	110	32	142	18	6	24	8	4	12	118	34	152
Newbiggin-by-the-Sea ...	97	47	144	12	7	19	4	1	5	85	45	130
Newburn...	206	127	333	23	15	38	11	5	16	207	129	336
Prudhoe ...	37	25	62	6	2	8	4	1	5	40	25	65
Seaton Valley ...	113	37	150	26	9	35	15	5	20	95	32	127
Whitley & Monkseaton...	186	72	258	18	5	23	16	1	17	201	76	277
<i>Rural Districts.</i>												
Alnwick ...	84	45	129	9	5	14	1	3	4	88	47	135
Belford ...	9	14	23	1	3	4	1	2	3	8	13	21
Bellingham ...	36	6	42	6	2	8	4	3	7	37	7	44
Castle Ward ...	129	65	194	8	1	9	3	4	7	132	67	199
Glendale ...	29	18	47	4	...	4	4	...	4	32	17	49
Haltwhistle ...	30	2	32	...	...	...	7	...	7	26	2	28
Hexham ...	177	55	232	4	5	9	7	5	12	179	59	238
Morpeth ...	152	104	256	7	7	14	7	1	8	146	106	252
Norham & Islandshires...	25	23	48	...	...	...	...	1	1	25	23	48
Rothbury ...	7	2	9	7	...	7	2	3	5	11	2	13
TOTALS ...	2,796	1,184	3,980	326	129	455	219	78	297	2,733	1,192	3,925

[illegible]

TREATMENT OF TUBERCULOSIS.

The following consolidated return shows the work of all the dispensaries during the year 1937: succeeding tables give an outline of the work of individual dispensaries. It will be observed that of 1,141 new cases (including contacts) examined, 282 were definitely tuberculous; 210 cases were written off the dispensaries' registers as recovered, and 149 died. At the end of the year 1,330 definite cases of tuberculosis were on the dispensaries' registers.

TUBERCULOSIS SCHEME
OF THE NORTHUMBERLAND COUNTY COUNCIL.

RETURN SHOWING THE WORK OF THE DISPENSARIES DURING THE YEAR 1937.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY				TOTAL.				GRAND TOTAL.	
	Adults.		Children.		Adults.		Children.		Adults.		Children.			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A.—NEW CASES examined during the year (excluding contacts):														
(a) Definitely tuberculous ...	91	78	11	8	12	5	27	23	103	83	38	31	} 825	
(b) Diagnosis not completed ...	...	...	...	...	...	...	...	...	12	17	9	8
(c) Non-tuberculous ...	...	...	...	...	...	...	...	...	158	172	105	89
B.—CONTACTS examined during the year :—														
(a) Definitely tuberculous ...	6	7	3	7	...	1	1	2	6	8	4	9	} 316	
(b) Diagnosis not completed ...	...	...	...	...	...	...	...	...	...	4	7	2
(c) Non-tuberculous ...	...	...	...	...	...	...	...	...	38	71	73	94
C.—CASES written off the Dispensaries' Registers as :—														
(a) Recovered ...	54	39	40	29	2	6	27	13	56	45	67	42	} 1,025	
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensaries' Registers as tuberculous)...	...	...	...	...	...	...	...	...	201	248	181	185
		
D.—NUMBER OF CASES on Dispensaries' Registers on December 31st :—														
(a) Definitely tuberculous ...	391	323	157	170	39	31	116	103	430	354	273	273	} 1,371	
(b) Diagnosis not completed ...	...	...	...	...	...	...	...	...	6	13	13	9

1. Number of cases on Dispensaries' Registers on January 1st ... 1,641
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ... 74
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ... 311
4. Cases written off during the year as Dead (all causes) ... 149
5. Number of attendanees at the Dispensaries (including Contacts) 4,173
6. Number of Insured Persons under Domiciliary Treatment on the 31st December ... 294
7. Number of consultations with medical practitioners :—
 - (a) Personal ... 135
 - (b) Other ... 2,513

8. Number of visits by Tuberculosis Officers to homes (including personal consultations)	378
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes	11,447
10. Number of :—	
(a) Specimens of sputum, etc., examined... ..	728
(b) X-ray examinations made in connection with Dispensary work	950
11. Number of "Recovered" cases restored to Dispensaries' Registers, and included in A (a) and A (b) above... ..	10
12. Number of "T.B. plus" cases on Dispensaries' Registers on December 31st	414

Shelters for Domiciliary Treatment of Tuberculosis.—Portable sleeping shelters are provided and maintained by the County Council for the use of patients who are residing at home.

These shelters are distributed on the recommendation of the Tuberculosis Officer ; 52 are available, most of which are in regular use.

NUMBER OF DISPENSARIES FOR THE TREATMENT OF TUBERCULOSIS
(EXCLUDING CENTRES USED ONLY FOR SPECIAL FORMS OF TREATMENT).

Provided by the Council... ..	5
Provided by Voluntary Bodies	Nil

RETURN SHOWING THE WORK OF THE ASHINGTON DISPENSARY
DURING THE YEAR 1937.

DIAGNOSIS.	Pulmonary.	Non-Pulmonary.	TOTAL.
A.—NEW CASES examined during the year (excluding contacts) :—			
(a) Definitely tuberculous	70	26	96
(b) Diagnosis not completed	—	—	2
(c) Non-tuberculous... ..	—	—	232
B.—CONTACTS examined during the year:			
(a) Definitely tuberculous	5	—	5
(b) Diagnosis not completed	—	—	1
(c) Non-tuberculous... ..	—	—	69
C.—CASES written off the Dispensary Register as :—			
(a) Recovered	60	21	81
b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous)	—	—	301
D.—NUMBER OF CASES on Dispensary Register on December 31st :—			
(a) Definitely Tuberculous	364	117	481
(b) Diagnosis not completed	—	—	3

1. Number of cases on Dispensary Register on January 1st... ..	595
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years	8
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of "	81

4. Cases written off during the year as Dead (all causes)	61
5. Number of attendances at the Dispensary (including contacts)...	1,402
6. Number of "Recovered" cases restored to Dispensary Register, and included in A (a) and A (b) above... ..	5
7. Number of "T.B. plus" cases on Dispensary Register on December 31st	111

RETURN SHOWING THE WORK OF THE BLYTH DISPENSARY
DURING THE YEAR 1937.

DIAGNOSIS.	Pulmonary.	Non-Pulmonary.	TOTAL.
A.—NEW CASES examined during the year (excluding contacts):—			
(a) Definitely tuberculous	32	11	43
(b) Diagnosis not completed	—	—	7
(c) Non-tuberculous... ..	—	—	71
B.—CONTACTS examined during the year:			
(a) Definitely tuberculous	8	1	9
(b) Diagnosis not completed	—	—	5
(c) Non-tuberculous... ..	—	—	84
C.—CASES written off the Dispensary Register as:—			
(a) Recovered	18	9	27
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous)	—	—	161
D.—NUMBER OF CASES on Dispensary Register on December 31st:—			
(a) Definitely tuberculous	147	35	182
(b) Diagnosis not completed	—	—	8

1. Number of cases on Dispensary Register on January 1st... ..	214
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years	9
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of"	42
4. Cases written off during the year as Dead (all causes)	22
5. Number of attendances at the Dispensary (including contacts)...	741
6. Number of "Recovered" cases restored to Dispensary Register, and included in A (a) and A (b) above... ..	3
7. Number of "T.B. plus" cases on Dispensary Register on December 31st	57

RETURN SHOWING THE WORK OF THE HEXHAM DISPENSARY
DURING THE YEAR 1937.

DIAGNOSIS.	Pulmonary.	Non-Pulmonary.	TOTAL.
A.—NEW CASES examined during the year (excluding contacts) :—			
(a) Definitely tuberculous ...	21	7	28
(b) Diagnosis not completed ...	—	—	12
(c) Non-tuberculous... ..	—	—	51
B.—CONTACTS examined during the year:			
(a) Definitely tuberculous ...	—	—	—
(b) Diagnosis not completed ...	—	—	2
(c) Non-tuberculous... ..	—	—	10
C.—CASES written off the Dispensary Register as :—			
(a) Recovered	8	2	10
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ...	—	—	61
D.—NUMBER OF CASES on Dispensary Register on December 31st :—			
(a) Definitely tuberculous ...	121	27	148
(b) Diagnosis not completed ...	—	—	11

1. Number of cases on Dispensary Register on January 1st... ..	155
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years	27
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of"	46
4. Cases written off during the year as Dead (all causes)	9
5. Number of attendances at the Dispensary (including contacts)... ..	372
6. Number of "Recovered" cases restored to Dispensary Register, and included in A (a) and A (b) above... ..	
7. Number of "T.B. plus" cases on Dispensary Register on December 31st	54

RETURN SHOWING THE WORK OF THE NEWBURN DISPENSARY
DURING THE YEAR 1937.

DIAGNOSIS.	Pulmonary.	Non-Pulmonary.	TOTAL.
A.—NEW CASES examined during the year (excluding contacts) :—			
(a) Definitely tuberculous ...	14	12	26
(b) Diagnosis not completed ...	—	—	4
(c) Non-tuberculous... ..	—	—	38
B.—CONTACTS examined during the year:			
(a) Definitely tuberculous ...	1	1	2
(b) Diagnosis not completed ...	—	—	1
(c) Non-tuberculous... ..	—	—	19

DIAGNOSIS.	Pulmonary.	Non-Pulmonary.	TOTAL.
C.—CASES written off the Dispensary Register as :—			
(a) Recovered	26	3	29
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ...	—	—	57
D.—NUMBER OF CASES on Dispensary Register on December 31st :—			
(a) Definitely tuberculous ...	82	32	114
(b) Diagnosis not completed ...	—	—	5
1. Number of cases on Dispensary Register on January 1st... ..			172
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years			6
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases “lost sight of”			54
4. Cases written off during the year as Dead (all causes)			9
5. Number of attendances at the Dispensary (including contacts)... ..			323
6. Number of “Recovered” cases restored to Dispensary Register, and included in A (a) and A (b) above... ..			
7. Number of “T.B. plus” cases on Dispensary Register on December 31st			39

RETURN SHOWING THE WORK OF THE WALLSEND DISPENSARY
DURING THE YEAR 1937.

DIAGNOSIS.	Pulmonary.	Non-Pulmonary.	TOTAL.
A.—NEW CASES examined during the year (excluding contacts) :—			
(a) Definitely tuberculous	51	11	62
(b) Diagnosis not completed	—	—	21
(c) Non-tuberculous... ..	—	—	132
B.—CONTACTS examined during the year:			
(a) Definitely tuberculous	9	2	11
(b) Diagnosis not completed	—	—	4
(c) Non-tuberculous... ..	—	—	94
C.—CASES written off the Dispensary Register as :—			
(a) Recovered	50	13	63
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ...	—	—	235
D.—NUMBER OF CASES on Dispensary Register on December 31st :—			
(a) Definitely tuberculous	327	78	405
(b) Diagnosis not completed	—	—	14

(I.) PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (a) the condition at the end of 1937 of all patients remaining on the Dispensaries' Registers; and (b) the reasons for the removal of all cases written off the Registers. The Table is arranged according to the years in which the patients were first entered on the Dispensaries' Registers as definite cases of pulmonary tuberculosis, and their classification at that time.

[illegible]

(II.) NON-PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (a) the condition at the end of 1937 of all patients remaining on the Dispensaries' Registers; and (b) the reasons for the removal of all cases written off the Registers.

[illegible]

1. Number of cases on Dispensary Register on January 1st...	...	505
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years	...	24
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of"		88
4. Cases written off during the year as Dead (all causes)	...	48
5. Number of attendances at the Dispensary (including contacts)...		1,335
6. Number of "Recovered" cases restored to Dispensary Register, and included in A (a) and A (b) above...	...	2
7. Number of "T.B. plus" cases on Dispensary Register on December 31st	...	153

The tables opposite this page show in summary form the condition of all patients whose records are in the possession of the Dispensaries and, before studying these, the following notes on classification, etc., should be read :—

Patients diagnosed as suffering from *Pulmonary Tuberculosis* are placed in the following categories :—

Class T.B. minus, viz., cases in which tubercle bacilli have never been demonstrated in the sputum, pleural fluid, faeces, etc.

Class T.B. plus, viz., cases in which tubercle bacilli have at any time been found. It should be noted that a patient originally in Class T.B. minus must be transferred to Class T.B. plus at any stage in the course of treatment if and when tubercle bacilli are found ; while, on the other hand, a patient who is once placed in Class T.B. plus can never revert to Class T.B. minus.

Class T.B. plus is further subdivided into three groups as follows :—

Group 1.—Cases with slight constitutional disturbance, if any, e.g., there should not be marked acceleration of pulse nor elevation of temperature except of very transient duration ; gastro-intestinal disturbance or emaciation, if present, should not be excessive.

The obvious physical signs should be of very limited extent as follows :—Either present in one lobe only and in the case of an apical lesion of one upper lobe not extending below the second rib in front or not exceeding an equivalent area in any one lobe ; or where these physical signs are present in more than one lobe they should be limited to the apices of the upper lobes and should not extend below the clavicle and the spine of the scapula.

No complication (tuberculous or other) of prognostic gravity should be present. A small area of dry pleurisy does not exclude a case from this group.

Group 3.—Cases with profound systemic disturbance or constitutional deterioration, with marked impairment of function either local or general, and with little or no prospect of recovery.

All cases with grave complications (e.g., diabetes, tuberculosis of intestine, etc.), whether those complications are tuberculous or not, are classified in this group.

Group 2.—All cases which cannot be placed in Groups 1 and 3. Patients suffering from Non-pulmonary Tuberculosis are classified according to the site of the lesion as follows :—

- (1) Tuberculosis of bones and joints.
- (2) Abdominal Tuberculosis (i.e., tuberculosis of peritoneum, intestines or mesenteric glands).
- (3) Tuberculosis of other organs.
- (4) Tuberculosis of peripheral glands.

Patients suffering from multiple lesions are classified in one subgroup only, viz., in that applicable to the case which stands highest in the immediately preceding list.

The following terms are used to describe the results of treatment :—

“*Quiescent.*”—Cases which have no symptoms of tuberculosis and no signs of tuberculous disease except such as are compatible with a completely healed lesion, and in which sputum, if present, is free from tubercle bacilli.

“*Arrested.*”—Cases in which, if pulmonary, the disease has been “quiescent” for a period of at least two years, or, if non-pulmonary, the disease is “quiescent” and there is reason to believe that it is unlikely to recur.

“*Recovered.*”—Cases in which arrest of the disease has been maintained for at least three years.

RESIDENTIAL INSTITUTIONS.

NUMBER OF BEDS AVAILABLE FOR THE TREATMENT OF TUBERCULOSIS
ON THE 31ST DECEMBER, 1937, IN INSTITUTIONS
BELONGING TO THE COUNCIL.

Name of Institution.	For PULMONARY cases.		For NON-PULMONARY cases.		TOTAL.
	Adults.	Children under 15.	Adults.	Children under 15.	
Wooley Sanatorium, Nr. Hexham	180	...	4	...	184
<i>Poor Law Institutions.</i> — Dene Street House, Hexham	6	...	...	...	6

RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT AND
OBSERVATION DURING THE YEAR 1937 IN INSTITUTIONS (OTHER
THAN POOR LAW INSTITUTIONS) APPROVED FOR THE
TREATMENT OF TUBERCULOSIS.

		In Institutions on Jan. 1.	Admitted during the year.	Discharged during the year.	Died in the Institutions.	In Institutions on Dec. 31.
Number of doubtfully tuberculous cases admitted for observation	Adult M.	11	39	47	...	3
	F.	3	28	28	...	3
	Children	4	53	53	...	4
	TOTAL	18	120	128	—	10
Number of patients suffering from pulmonary tuberculosis.	Adult M.	89	109	87	23	88
	F.	72	86	84	7	67
	Children	50	47	47	2	48
	TOTAL	211	242	218	32	203
Number of patients suffering from non-pulmonary tuberculosis.	Adult M.	1	3	3	...	1
	F.	...	3	3	...	...
	Children	46	57	52	2	49
	TOTAL	47	63	58	2	50
GRAND TOTAL ...		276	425	404	34	263

RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT PROVIDED
DURING THE YEAR 1937, IN POOR LAW INSTITUTIONS FOR
PERSONS CHARGEABLE TO THE COUNCIL.

		In Insti- tutions on Jan. 1st.	Admitted during the year.	Discharged during the year.	Died in the Insti- tutions.	In Insti- tutions on Dec. 31st.
Number of patients suffering from pulmonary tuberculosis.	Adult Males ...	9	33	19	13	10
	Adult Females	9	23	15	9	8
	Children...	1	2	1	...	2
	TOTAL ...	19	58	35	22	20
Number of patients suffering from non-pulmonary tuberculosis.	Adult Males ...	7	12	13	...	6
	Adult Females	3	6	5	1	3
	Children...	4	1	1	1	3
	TOTAL ...	14	19	19	2	12
GRAND TOTAL ...		33	77	54	24	32

RETURN SHOWING THE RESULTS OF OBSERVATION OF DOUBTFULLY
TUBERCULOUS CASES DISCHARGED DURING THE YEAR 1937
FROM INSTITUTIONS APPROVED FOR THE TREATMENT OF
TUBERCULOSIS.

Diagnosis on discharge from observation.	FOR PULMONARY TUBERCULOSIS.						FOR NON-PULMONARY TUBERCULOSIS.						TOTALS.		
	Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous ...	8	3	29	15	5	4	...	...	9	3	1	3	26	9	45
Non-tuberculous	5	3	1	16	16	3	...	...	2	...	...	2	21	19	8
Doubtful . ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS ...	13	6	30	31	21	7	...	...	11	3	1	5	47	28	53

RETURN SHOWING THE IMMEDIATE RESULTS OF TREATMENT OF DEFINITELY
TUBERCULOUS PATIENTS DISCHARGED DURING THE YEAR 1937 FROM
INSTITUTIONS APPROVED FOR THE TREATMENT OF TUBERCULOSIS.

Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in Institution.															GRAND TOTALS.	
		*Under 3 months.			3-6 months		6-12 months.			More than 12 months.			Totals.					
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.		
PULMONARY TUBERCULOSIS.	Class T.B. minus.	Quiescent	2	5	1	6	1	13	6	7	22	2	...	5	16	13	41	70
		Not quiescent ...	3	1	...	2	...	...	...	...	1	...	1	...	5	2	1	8
		Died in Institution	1	...	...	...	...	...	...	...	1	1	...	...	2	...	1	3
	Class T.B. plus Group I.	Quiescent ... ..	...	1	...	...	...	...	...	...	1	1	1	2	1	2	3	6
		Not quiescent ...	...	...	...	...	...	...	1	1	...	1	1	...	2	2	...	4
		Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Class T.B. plus Group II.	Quiescent ... ..	...	...	...	...	1	...	3	1	...	5	6	2	8	8	2	18
		Not quiescent ...	6	7	...	7	4	...	8	5	...	12	10	...	33	26	...	59
		Died in Institution	...	...	...	...	...	...	1	...	...	1	...	...	2	...	...	2
	Class T.B. plus Group III.	Quiescent ... ..	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	1
		Not quiescent ...	5	7	...	2	6	...	5	9	...	4	4	...	16	26	...	42
		Died in Institution	6	2	...	4	3	...	2	2	1	5	...	...	17	7	1	25
TOTALS.	PULMONARY ...	23	23	1	21	15	13	26	26	26	32	23	9	102	87	49	238	
NON-PULMONARY TUBERCULOSIS.	Bones and Joints.	Quiescent ... ..	...	...	1	...	...	3	...	...	3	...	...	8	...	...	15	15
		Not quiescent ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Died in Institution	...	...	...	...	...	...	...	...	1	...	...	1	...	...	2	2
	Abdominal.	Quiescent ... ..	...	...	...	...	...	10	...	...	8	1	1	3	1	1	21	23
		Not quiescent ...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	2	2
		Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Other Organs.	Quiescent ... ..	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	1
		Not quiescent ...	...	...	...	1	...	...	...	1	...	...	...	1	1	1	1	3
		Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Peripheral Glands.	Quiescent ... ..	...	...	...	1	...	4	...	...	8	...	...	1	1	...	13	14
		Not quiescent ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS.	NON-PULMONARY	...	1	1	2	...	17	...	1	22	1	1	14	3	3	54	60	

* But exceeding 28 days.

REPORT OF THE MEDICAL SUPERINTENDENT,
WOOLEY SANATORIUM,
FOR THE YEAR ENDED 31ST DECEMBER, 1937.

During the year under review, 247 patients were discharged from the sanatorium, classified as follows :—

Quiescent	...	...	...	...	...	...	56
Improved	...	...	...	...	...	...	79
No material improvement	...	...	...	...	...	...	43
Died	...	...	...	...	...	...	30
Non-tuberculous	...	...	...	...	...	...	39
							<hr/>
							247
							<hr/>

Of these 25 were re-admissions.

These figures with one exception, i.e., the number of deaths which is notably higher, are very similar to those for the previous year. For the first time for a number of years there has been no appreciable reduction in the number of cases treated.

The policy of utilising the available beds to the fullest extent by the admission of advanced cases and the re-admission of old chronic cases, has been continued and is of course responsible for the higher death rate. Although this is a very sound policy, it has not been easy to carry out owing to the nature of the accommodation available and there have been occasions when the nursing work was very heavy owing to the high proportion of acutely ill patients.

Treatment.

Treatment was continued on the usual lines of bed rest, graduated exercise and occupational therapy, supplemented in appropriate cases by collapse therapy.

Artificial Pneumothorax was induced in 54 cases.

1,746 Refills were given to in-patients.

219 Refills were given to out-patients, from the Hexham Dispensary area.

Pneumothorax cases from the rest of the County were, on discharge, handed over to Dr. Dickinson, of Newcastle. These cases, on the whole, represent a large proportion of the sanatorium patients who have a reasonable expectation of complete arrest of the disease. A good deal of time, trouble and expense have been devoted to them. It is disappointing when for any reason such cases relapse. Various complications may arise during their attendance for refills such as premature re-expansion of the lung, pleural effusions, or spread of disease in the other lung.

The decision to abandon a pneumothorax and let the lung re-expand is a critical one. There are no fixed rules and the duration has to be largely decided on the the nature and extent of the original condition and the patient's response to the treatment. Too premature termination may lead

to the re-opening of cavities and a recrudescence of the disease. On the other hand, a collapse too long maintained may result in a poorly functioning lung when it is permitted to re-expand.

Bilateral Artificial Pneumothorax.—In six cases the collapse was made bilateral, i.e., pneumothorax was induced on both sides and a partial collapse of both lungs maintained. In one case, it was possible to divide adhesions on both sides and to bring under control cavities in both lobes.

Thoracic Surgery.

The following operations were performed on sanatorium patients at the Hexham Hospital during the year by Mr. George A. Mason, F.R.C.S. :—

Division of adhesions	...	...	...	...	21
Operations on the phrenic nerve	...	...	...	...	3
Thoraeplasty operations, involving 8 patients...	...	...	...	...	14
Plombage	...	...	...	...	1
Drainage of empyema	...	...	...	...	1
					<hr/> 40 <hr/>

As anticipated, the scope of surgery is increasing and the number of operations is greater than in the previous year.

X-ray.

601 X-ray photographs of the chest were taken of patients undergoing treatment.

93 Films were taken of out-patients referred from the Hexham Dispensary.

Routine weekly screening of pneumothorax cases was carried out as usual, and out-patients were screened as they attended for their refills.

Laboratory.

1,074 Microscopic examinations of the sputum were made, and 18 other examinations.

Average Duration of Stay.

1934. Days.	1935. Days.	1936. Days.	1937. Days.
250.10	228.60	248.67	265.40 Male.
246.30	221.30	301.68	217.15 Female.

Occupations.

The occupations of the patients discharged were as follows :—

Male.

Army	...	...	...	1	Cattle Drover	...	...	1
Baker	...	...	...	1	Cinematographer	...	...	1
Barman	...	...	...	2	Cinema Attendant	...	...	1
Boot Repairer	...	...	...	1	Civil Servant	...	...	1
Bus Conductor	...	...	...	1	Clerk	...	...	1
Butcher	...	...	...	4	Compositor	...	...	1
Cartman	...	...	...	1	Dredger Skipper	...	...	1

Carried forward 18

Male—continued.

Brought forward ...	18				
Engine Driver ...	1	Policeman ...	1		
Errand Boy ...	1	Postman ...	1		
Estate Workman ...	1	Poultry Farmer ...	1		
Farm Labourer ...	4	Quarryman ...	2		
Farmer ...	1	Railway Guard ...	1		
Fish Fryer ...	1	Railway Porter ...	1		
Fitter ...	1	Relieving Officer ...	1		
Footman ...	1	Rivetter ...	1		
Furnaceman ...	1	R. A. Force ...	1		
Grocer ...	2	School Boy ...	2		
Hairdresser ...	1	School Teacher ...	1		
Horseman ...	1	Seaman ...	4		
Joiner ...	1	Set Maker ...	1		
Labourer ...	5	Shepherd ...	2		
Leather worker ...	1	Soldier ...	1		
Mason ...	1	Stone Mason ...	1		
Medical Practitioner ...	1	Store Keeper ...	1		
Miner ...	52	Tinsmith ...	1		
Motor Driver ...	5	Traveller ...	1		
Motor Mechanic ...	1	Whitesmith ...	1		
Moulder ...	1	Writer ...	1		
Navy ...	1	None ...	1		
Nurse ...	1				
Pattern Maker ...	1				134
Plater's Helper ...	1				

Female.

Barmaid ...	2	Mental Nurse ...	2		
Clerk ...	1	Nurse ...	2		
Charwoman ...	1	Radio Cosmetician ...	1		
Domestic ...	15	School Girl ...	1		
Dressmaker ...	1	School Teacher ...	1		
Factory Hand ...	1	Shop Assistant ...	5		
Farm Labourer ...	1	Tailoress ...	1		
Gut Drawer ...	1	Typist ...	1		
Home ...	23	Waitress ...	1		
House Keeper ...	2				
Housewife ...	47				
Laundrymaid ...	2				113
Machinist ...	1				

COUNTY LABORATORY.

The total number of reports furnished on specimens submitted for examination during the year was 16,577. Table I indicates the nature of the specimens and a summary of the results.

TABLE I.

I. *Tuberculosis.*

1,623 Specimens of sputum	235 positive.
24 " pus	2 "
10 " urine	
1 " faeces	
1 " tissue and bone	1 "
6 " bovine sputum	3 "
1 " udder	

II. *B. Diphtheriae, etc.*

5,443 Swabs from throat, nose, etc., for *B. Diphtheriae* 1,021 positive.

1,107	„	„	Haemolytic Strep.	281	„
12	„	„	Vincent's organisms.	1	„
63	„	„	Virulence test.	51	„
32	Cultures		„	26	„

III. *Enteric—Dysentery, etc.*

154 Specimens of blood for agglutination reactions.

The following positive reactions were obtained :—

B. Typhosus, 31 ; *B. Paratyphosus B.*, 13 ; *Br. Abortus*, 7 ;
B. Dysenteriae Sonne, 2 ; *B. Dysenteriae Flexner*, 2.

217 Specimens of faeces. The following organisms were isolated :—

B. Typhosus, 9 ; *B. Paratyphosus B.*, 6 ; *B. Dysenteriae Sonne*, 5 ; *S. Aertrycke*, 6 ; *B. Dysenteriae Newcastle*, 1 ;
S. Morbificans bovis, 13 ; *S. London*, 1.

59 Specimens of urine. *B. Typhosus* was isolated from 4 specimens.

18 Specimens of pork, etc. *S. Morbificans bovis* was isolated from 3 specimens.

IV. *Meningitis.*

13 Specimens of Cerebro-spinal fluid (*Meningococcus*, 1 ; *B. Tuberculosis*, 2).

4 Post-nasal swabs for meningococci.

V. *Venereal Diseases.*

3,026 Specimens of blood for Wassermann Reaction 791 positive.

110 „ Cerebro-spinal fluid for W.R.

23 „ „ Goldsol

1 „ serum from ulcer on finger for *Sp. pallida*.

514 „ blood for Gonococcal C.F.T. 77 positive.

150 Smears for gonococci.

VI. *Miscellaneous Specimens.*

Pleural fluids, 8 ; urines, 5 ; blood for culture, 3 ; synovial fluid, 1 ;
fluid from bursa, 2 ; sputum (type of *B. Tuberculosis*), 1 ; milk
for organisms of enteric group, 1 ; milk for *Br. abortus*, 1 ; faeces
for cancer cells, 1 ; faeces for *Bilharzia Ova*, 1 ; tonsil secre-
tion, 1 ; swabs for *B. Anthracis*, 2 ; bovine blood for *B. Anth-*
racis, 1 ; swabs for organisms, 2.

VII. *Milk.*

(a) Samples for Methylene Blue Reduction Test and *B. Coli*. 1623.

(b) „ *B. Tuberculosis*. (i) Micro examination. 390 (26+).
(ii) Biological test. 1,856 (137+).

VIII.—*Water.*

66 Samples were examined for bacterial count and B.Coli.

Table II. shows the number of certain pathological specimens received from the various administrative districts in the County.

TABLE II.

District.			Sputa for B. Tuberculosis.			Swabs for B. Diphtheriae.			Bloods for Agglutination.			Mis- cella- neous.	TOTAL
			+	—	Total.	+	—	Total.	+	—	Total.		
<i>Boroughs.</i>													
Berwick	...	...	3	12	15	18	46	64	1	...	1	2	82
Blyth	...	...	29	132	161	73	200	273	1	3	4	27	465
Morpeth	...	...	2	30	32	1	27	28	...	4	4	15	79
Wallsend	...	...	44	203	247	111	337	448	1	1	2	62	759
<i>Urban Districts.</i>													
Alnwick	...	...	6	48	54	23	40	63	1	2	3	8	128
Amble	...	...	2	5	7	3	4	7	...	...	...	26	40
Ashington	...	...	17	140	157	91	243	334	20	39	59	308	858
Bedlington	...	...	16	117	133	19	123	142	5	6	11	20	306
Gosforth	...	...	4	63	67	22	167	189	2	8	10	64	330
Hexham	...	...	8	36	44	12	35	47	1	...	1	11	103
Longbenton	...	...	14	91	105	27	156	183	5	...	5	7	300
Newbiggin	...	...	4	91	95	10	120	130	5	12	17	136	378
Newburn	...	...	18	66	84	10	21	31	1	1	2	11	128
Prudhoe	...	...	5	18	23	11	34	45	1	...	1	21	90
Seaton Valley	...	...	14	51	65	10	92	102	...	3	3	9	179
Whitley & Monkseaton	...	...	18	99	117	16	205	221	1	1	2	78	418
<i>Rural Districts.</i>													
Alnwick	...	...	6	32	38	23	34	57	...	3	3	12	110
Belford	...	...	...	15	15	6	12	18	...	1	1	4	38
Bellingham	...	...	5	10	15	...	11	11	...	1	1	2	29
Castle Ward	...	...	9	16	25	23	503	526	...	1	1	405	957
Glendale	...	...	2	15	17	10	18	28	1	1	2	12	59
Haltwhistle	...	...	1	10	11	...	5	5	...	...	...	6	22
Hexham	...	...	5	29	34	6	81	87	5	8	13	43	177
Morpeth	...	...	1	45	46	11	41	52	4	2	6	25	129
Norham & Islandshires	...	...	...	4	4	...	5	5	...	1	1	3	13
Rothbury	...	...	2	7	9	5	19	24	...	...	...	12	45
Forest Hall Hosp.	...	...	...	...	...	405	1,644	2,049	...	...	...	217	2,266
Lemington Hosp.	...	...	...	...	...	73	184	257	...	...	...	3	260
Others	...	...	...	3	3	...	7	7	...	...	...	5	15
Veterinary Department	...	...	...	...	...	...	...	...	...	...	...	8	8
Newcastle C.B.C.	...	...	...	...	...	2	8	10	...	1	1	36	47
			235	1,388	1,623	1,021	4,422	5,443	55	99	154	1,598	8,818

Milk Samples for B.Tuberculosis.

A total of 1,882 samples was submitted for examination, 1,476 were samples of bulk milk collected by various local authorities in the County. All were examined by biological test, the results being as follows :—Positive, 92 (6.2%); negative, 1,369; inconclusive, 15.

The following were included among the bulk samples :—

	Number.	Number Positive.
Tuberculin tested	39	1
Accredited	495	12
Pasteurised	12	—
Sterilised	2	—
School milks	63	3

The districts in which the various samples were collected are shown in Table III. below.

TABLE III.
Bulk Milk Samples for B.Tuberculosis.

District.	Inconclusive.	Positive.	Negative.	TOTAL.
Berwick ... ..	...	...	6	6
Blyth ... ..	...	...	2	2
Morpeth ... ..	...	...	8	8
Wallsend ... ..	...	1	24	25
Amble ... ..	...	...	7	7
Alnwick ... ..	...	...	4	4
Ashington... ..	...	4	47	51
Bedlington ... ..	...	2	61	63
Gosforth ... ..	...	...	2	2
Hexham ... ..	...	...	2	2
Longbenton	1	10	54	65
Newbiggin ... ..	...	7	37	44
Newburn	1	8	76	85
Prudhoe ... ..	...	...	1	1
Seaton Valley	4	17	130	151
Whitley & Monkseaton...	8	12	180	200
Alnwick Rural ... ..	...	1	48	49
Belford ... ..	...	...	10	10
Bellingham ... ..	...	...	5	5
Castle Ward ... ..	...	2	100	102
Glendale ... ..	...	1	8	9
Haltwhistle ... ..	...	...	3	3
Hexham	1	5	274	280
Morpeth ... ..	...	1	95	96
Norham & Islandshires...	...	...	3	3
Rothbury ... ..	...	1	10	11
Veterinary Dept.	5	72	329	406
Newcastle C.B.C. ... ..	...	20	172	192
	20	164	1,698	1,882

406 Samples were submitted by the County Veterinary Department; 26 of these proved positive on microscopic examination and were not further investigated. The remaining 380 were examined by biological test as a result of which a further 46 samples were found to be positive.

Milk Samples Examined by the Methylene Blue Reduction Test.

The total number examined was 1623; 665 were ordinary milks, 951 were designated milks, and the remaining 7 were described as sterilised.

Table IV. shows the districts from which the samples were received.

TABLE IV.
Milk Samples for Methylene Blue Reduction Test and B.Coli.

District.	Ordinary.	Tuberculin Tested.	Accredited.	Pasteurised.	Sterilised.	TOTAL.
Berwick	7	...	3	...	...	10
Blyth ... ..	...	3	2	...	...	5
Morpeth	7	...	1	2	...	10
Wallsend... ..	21	3	9	6	...	39
Alnwick	8	...	...	...	...	8
Amble	10	1	13	...	...	24
Ashington	8	6	1	2	1	18
Bedlington	64	...	6	7	...	77
Gosforth	37	1	4	...	...	42
Hexham	7	3	2	...	...	12
Longbenton	48	2	9	5	...	64
Newbiggin	40	1	4	5	...	50
Newburn... ..	93	8	19	3	6	129
<i>Carried forward</i> ...	350	28	73	30	7	488

District.	Ordinary.	Tuberculin Tested.	Accredited.	Pasteurised.	Sterilised.	TOTAL.
<i>Brought forward</i> ...	350	28	73	30	7	488
Prudhoe ...	...	...	1	...	...	1
Seaton Valley ...	103	5	56	4	...	168
Whitley & Monkseaton ...	164	21	13	5	...	203
Alnwick ...	6	6	65	...	...	77
Belford ...	3	5	7	...	...	15
Bellingham ...	5	...	...	...	...	5
Castle Ward ...	2	10	139	...	...	151
Glendale ...	1	3	12	...	...	16
Haltwhistle ...	1	...	3	...	...	4
Hexham ...	3	17	201	...	...	221
Morpeth ...	7	17	98	2	...	124
Norham & Islandshires ...	...	...	9	...	...	9
Rothbury ...	2	...	11	...	...	13
Newcastle C.B.C. ...	17	100	...	...	...	117
Gateshead ...	...	10	...	...	...	10
M.D. Committee ...	1	...	...	...	...	1
	665	222	688	41	7	1,623

The results of the examination of the samples were as follows :—

Classification.	Complied with standard.	Did not comply.		TOTAL.
		Number.	Per cent.	
Tuberculin Tested ...	142	80	36.03	222
Accredited ...	538	150	21.8	688
Pasteurised ...	35	6	14.6	41
Ordinary ...	*312	353	53.08	665
	1,027	589	36.4	1,616
School Milks included among the above ...	*63	32	33.7	95

* With Standard for Accredited Milk.

With regard to the 7 samples of “sterilised” milk, none contained B.Coli in quantities of 1.0 c.c. or less and the bacterial count was recorded as “Nil.”

Water Samples.

66 Samples were submitted for examination. The results are shown in the following table :—

Sample submitted by :	Number of Samples.	Classification.		III.
		I.	II.	
Wallsend ...	1	1	...	...
Alnwick Urban ...	6	4	2	...
Ashington... ..	9	5	3	1
Hexham Urban ...	1	...	1	...
Newbiggin ...	7	4	2	1
Prudhoe ...	2	2	...	...
Alnwick Rural ...	12	5	3	4
Belford ...	5	4	1	...
Bellingham ...	3	3	...	...
Castle Ward ...	2	1	...	1
Glendale ...	2	...	1	1
Hexham Rural ...	4	1	2	1
Morpeth Rural ...	1	...	...	1
Rothbury Rural ...	11	1	2	8
	66	31	17	18

Human anthrax is infrequent in this country and is largely confined to certain groups of workers whose occupation brings them into close contact with infected animal products, mostly imported from abroad, such as hides, wool, and hair. It is, therefore, of interest to record the occurrence in the County of a case of anthrax infection in a farm worker, the disease taking the form of a malignant pustule on the hand from which the organism was isolated and identified. The disease was contracted from infected cattle on the farm.

Two outbreaks of food-poisoning were investigated in the laboratory during the year. In the first the infecting organism was *S. moribificans bovis*. The epidemiological inquiry focussed attention on a pork shop, and the organism was isolated from several portions of the meat—both cooked and raw—remaining in the shop. The second outbreak was caused by *S. aertrycke*, but it was impossible to obtain bacteriological evidence as to the vehicle of infection. There also occurred a fatal case of infection with *S. london*, a rather rare *Salmonella* type. The serological identification of these *Salmonellas* was kindly carried out by Dr. W. M. Scott, of the Ministry of Health Pathological Laboratory.

From the 1st January, 1937, the Methylene Blue Reduction Test became an official method in the bacteriological control of samples of designated milk, following on the publication of the Medical Research Council's voluminous and detailed Report on "The Bacteriological Grading of Milk." This report severely criticised the plate count and B.Coli tests, recommending that these tests should be discontinued and the Methylene Blue test substituted. Further recommendations were that there should be separate standards for summer and winter samples (the suggested minimum reduction times being $5\frac{1}{2}$ and $6\frac{1}{2}$ hours respectively) and that the quality of a milk supply should be judged not on the results of the examination of single samples but on the basis of the results of the examination of a large number of samples which was made possible by the simplicity of the test. The requirements set out in the Milk (Special Designations) Order, 1936, represent a compromise between previous practice and the recommendations of the M.R.C. Report. Thus, the plate count is discarded, but the B.Coli test is retained, the Methylene Blue test is introduced, but the minimum reduction times for summer and winter samples are $4\frac{1}{2}$ and $5\frac{1}{2}$ hours. The retention of the B.Coli test is unfortunate. It largely nullifies the simplicity that the M.B. test alone would have introduced, thus defeating one of the primary objects of that test. Further, as is pointed out in the Report, there is no necessary correlation between these two tests and it is not uncommon for a sample to be passed by the one and failed by the other. Such apparently contradictory results are naturally a source of difficulty to local health authorities sending samples for examination. Additional confusion arises from the fact that while, according to the Order itself, both tests are to be carried out on each sample, a footnote to the Ministry's Memo. 139 (Foods) Jan., 1937, states that "it is not necessary that every sample should be submitted to both tests" and suggests that in routine examinations the B.Coli test may be "reserved for occasional use." The experience of the laboratory in the past year is that both tests are in fact invariably asked for. It seems legitimate criticism that the Methylene Blue test is not being utilised in the way that its sponsors intended.

FOOD INSPECTION.

The practice of examining the milk from the dairy herds in the county for the detection of Tuberculosis has been continued during the past year, and in this respect, particular attention has been paid to "Accredited" herds.

The number of samples collected for this purpose during the 12 months was 1,254. Of this number, 78 were found to contain tubercle bacilli, and as a result 39 cows were slaughtered.

NORTHUMBERLAND COUNTY COUNCIL.
(MILK AND DAIRIES (CONSOLIDATION) ACT, 1915. S.8.) (MILK AND DAIRIES ORDER, 1926. PART IV.)
ROUTINE MILK SAMPLING—1927 (Oct.) to 1937 (Dec.).

Sanitary Districts.	Latest available Figures.		1927 to 1936 (inclusive).			1937.			TOTAL.		
	No. of Cow-keepers.	No. of Cows kept.	No. of Samples.	No. found to contain Tub. Bac.	No. of Cows slaughtered in consequence	No. of Samples.	No. found to contain Tub. Bac.	No. of Cows slaughtered in consequence	No. of Samples.	No. found to contain Tub. Bac.	No. of Cows slaughtered in consequence
<i>Municipal Boroughs.</i>											
1. Berwick-on-Tweed ...	47	182	54	1	1	5	...	...	59	1	1
2. Blyth ...	19	292	54	1	...	2	...	1	56	1	1
3. Morpeth ...	8	148	5	...	...	9	...	...	14	...	...
4. Wallsend ...	11	159	24	2	9	5	...	...	29	2	9
<i>Urban Districts.</i>											
5. Alnwick ...	16	120	40	1	...	4	...	...	44	1	...
6. Amble ...	7	132	33	...	...	9	...	...	42	...	...
7. Ashington ...	11	161	199	7	2	52	4	1	251	11	3
8. Bedlington ...	47	565	292	23	16	63	2	2	355	25	18
9. Gosforth ...	4	100	40	1	1	2	...	...	42	1	1
10. Hexham ...	27	465	59	2	1	8	...	...	67	2	1
11. Longbenton ...	20	456	176	14	2	65	10	6	241	24	8
12. Newbiggin-by-Sea ...	6	140	94	3	2	42	7	3	136	10	5
13. Newburn ...	15	285	360	25	20	86	8	3	446	33	23
14. Prudhoe ...	24	240	44	3	1	1	...	...	45	3	1
15. Seaton Valley... ..	36	376	273	35	25	150	17	5	423	52	30
16. Whitley and Monkseaton ...	11	143	579	24	8	198	12	1	777	36	9
<i>Rural Districts.</i>											
17. Alnwick ...	116	1,100	166	4	4	45	2	3	211	6	7
18. Belford... ..	23	314	60	1	1	10	...	...	70	1	1
19. Bellingham ...	25	100	31	...	...	5	...	...	36	...	...
20. Castle Ward ...	99	2,340	278	15	9	99	8	4	377	23	13
21. Glendale ...	25	196	83	1	...	9	1	...	92	2	...
22. Haltwhistle ...	53	547	59	2	1	3	...	...	62	2	1
23. Hexham ...	583	7,500	1,134	60	37	272	5	6	1,406	65	43
24. Morpeth ...	117	1,474	440	33	24	97	1	4	537	34	28
25. Norham and Islands. ...	32	229	76	...	...	3	...	...	79	...	...
26. Rothbury ...	7	125	42	...	...	10	1	...	52	1	...
Total ...	1,389	17,884	4,695	258	164	1,254	78	39	5,949	336	203

SUMMARY OF EXAMINATIONS OF MILK SAMPLES FOR TUBERCULOSIS FROM HERDS WITHIN THE COUNTY, FROM OCT., 1927, TO DEC., 1937.

Period.	No. of Samples Collected.	No. of Cows represented.	% of Cows in County Tested.	No. of Herds represented.	% of Herds Tested.	No. of Samples found to be infected.	% of Herds giving infected Milk.	% of Cows found to be Tubercular.	No. of Cows slaughtered in consequence.
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Oct., 1927, to Dec. 31st, 1928 ...	318	2,872	23.50	227	16.3	10	4.27	0.52	15
Jan., 1929, to Dec. 31st, 1929 ...	242	2,104	16.00	190	13.4	12	5.26	0.57	8
Jan., 1930, to Dec. 31st, 1930 ...	277	2,073	15.80	211	15.14	18	5.68	0.62	13
Jan., 1931, to Dec. 31st, 1931 ...	207	1,676	12.10	161	11.54	*10	3.72	0.17	3
Jan., 1932, to Dec. 31st, 1932 ...	455	3,587	25.90	342	24.51	**15	3.21	0.16	6
Jan., 1933, to Dec. 31st, 1933 ...	428	4,964	35.83	362	25.94	‡29	7.18	0.28	14
Jan., 1934, to Dec. 31st, 1934 ...	587	†5,800	39.23	497	34.40	|| 41	6.84	0.12	28
Jan., 1935, to Dec. 31st, 1935 ...	928	†8,890	...	889	...	46	4.04	0.37	33
Jan., 1936, to Dec. 31st, 1936 ...	1,253	†12,500	...	1,253	...	75	5.98	0.35	44
Jan., 1937, to Dec. 31st, 1937 ...	1,254	†13,090	...	1,309	...	78	5.95	0.29	39

† Approx. * 8 herds. ** 11 herds. ‡ 26 herds. || 34 herds.

Since the inception of this scheme in 1927 (October), no less than 5,949 samples have been taken, and 203 infected animals detected and slaughtered.

An analysis of the tables given opposite page 54 shows interesting results, not the least of which is shown in columns (7) and (8) of the "Summary of Examinations of Samples."

Milk (Special Designations) Order, 1936.

The number of licences issued during the year under the provisions of the above Order were as follows :—

"Tuberculin Tested"—Certified—14.

"Tuberculin Tested" (bulk)—8.

"Accredited"—178.

LIST OF LICENCES ISSUED JANUARY, 1938.

"Tuberculin Tested" (Certified) :—

4. W. Miller, Hobberlaw, Alnwick.
5. G. Y. McNay, Morwick, Warkworth.
6. Walter Davison, Morwick Mill, Warkworth.
9. Eshott Pedigree Stock Farms, Eshott East Farm, Felton.
10. Eshott Pedigree Stock Farms, Eshott Home Farm, Felton.
11. J. E. Jordon, Old Moor Farm, Longhirst, Morpeth.
12. R. Douglas, Ashington Farm, Ashington.
13. Wm. Robson, Low Horton, Bebside, Blyth.
14. J. E. Jordon, Red House Farm, Hartley, Seaton Delaval.
15. M. Jordon, Whorlton Hall, Westerhope, Newcastle.
16. D. H. Sanderson, The Birks, Stamfordham, Newcastle.
17. C. S. Richardson, Wheelbirks, Stocksfield.
18. A. M. Keith, Walwick Grange, Humshaugh.
19. J. J. Philipson, Bishopfield, Allendale.

"Tuberculin Tested" (bulk) :—

1. The Hon. Mrs. Runciman, Doxford Home Farm, Chathill.
2. Chas. H. Sanderson, Newlands, Belford.
3. R. Armstrong, Bowsden Hall Farm, Bowsden, Berwick.
7. F. J. Hemsley, Woodside, Red Row, Morpeth.
8. A. B. Howie, Eshott Brocks, Felton.
20. J. S. V. Harrison, Pia Troon, Allendale.
21. Philipson Farm Colony, Stannington, Newcastle. Steward and Correspondent : F. H. Sanderson, Eshott Hall, Felton.
22. G. T. Dinning & Son, East Woodfoot, Slaley.

"Accredited" :—

1. C. H. Dickie, Wooperton Farm, Northumberland.
2. D. B. Cocks, Bridge End Farm, Wooler.
3. J. H. Patterson & Sons, Cottage Farm, Wooler.
4. G. H. Davidson, Galagate House, Norham-on-Tweed.
5. H. Hunter & Sons, Sionside, Belford.
6. R. Urwin, Blue Bell Farm, Belford.
7. C. I. C. Bosanquet, Rock Farm, Alnwick.
8. T. F. Shell, Denwick Lane End, Alnwick.
9. A. J. W. Thompson, Silvermoor, Alnwick.
10. A. & E. Forster, Hope House, Alnwick.
11. J. K. Woodcock, Greensfield Moor, Alnwick.
12. T. Fisher, Home Farm, Newton/Moor, Morpeth.
13. W. Oliver, Lemington Hill Head, Alnwick.

“ Accredited ” (*Continued*) :—

14. L. Farr, Wooden Farm, Alnmouth.
15. J. Shell, Waterside House, Alnmouth.
16. T. Coultherd, Bankhouse Farm, Acklington.
17. R. English, Dene House, Alnmouth.
18. J. Forsyth, Hope House, Amble.
19. J. D. Forsyth, Gloster Hill, Amble.
20. Mrs. M. Forsyth & Son, Old Barns, Warkworth.
21. W. Dobson, Snitter Mill, Thropton, Morpeth.
22. G. McKenzie, Whitton Glebe, Rothbury.
23. S. Charleton, West Row, Lonframlington.
24. G. Jackson, Earsdon West Farm, Morpeth.
25. G. Johnson, Heighley Gate, Morpeth.
26. M. Brown, West Lane End, Morpeth.
27. C. Alderson, East Chevington, Morpeth.
28. J. Jobson & Sons, North Broomhill Farm, Morpeth.
29. A. L. English, Low Coldrife Farm, Broomhill.
30. J. Moore, Togston Terrace, Broomhill.
31. T. W. Bell, West Chevington, Morpeth.
32. A. Luke, South East House, Eshott, Felton.
33. W. Taylor, West Moor, Felton.
34. A. Robson & Sons, West Howdens, Morpeth.
35. W. B. Hemsley, Bockenfield, Morpeth.
36. J. Pringle, Tritlington West Farm, Morpeth.
37. J. Craigs, Tritlington Hall, Morpeth.
38. A. L. Tait, West Stobswood, Morpeth.
39. J. Hall, South Steads, Widdrington.
40. G. F. Mole, Grange Moor Farm, Widdrington.
41. North Seaton Dairy, Newbiggin-by-the-Sea.
42. A. Todd, Mill Farm, Ellington.
43. J. Craigs, Potland Farm, Ashington.
44. C. H. Watson, Old Moor Middle Steads, Longhirst.
45. J. N. Hine, Old Moor Steads, Widdrington.
46. Mrs. A. Moore, Longhirst Farm, Morpeth.
47. O. McBryde & Son, Pegswood Moor, Morpeth.
48. W. C. Angus, Climbing Tree, Morpeth.
49. J. S. Hudson, Stobhill Farm, Morpeth.
50. A. Bertram, West Farm, Nedderton, Newcastle upon Tyne.
51. C. H. Fail, South Farm, Nedderton, Newcastle upon Tyne.
52. H. Bell, East Hartford, Cramlington.
53. H. & R. P. Bell, Laverock Hall, Cramlington.
54. M. A. Wilson & Sons, Park Farm, Newsham.
55. H. R. Bell, The Tilery, Cramlington.
56. Hartley Main Collieries, Ltd., Wheatridge Farm, Seaton Delaval.
57. J. A. Jackson, Strother Farm, Holywell Village.
58. F. A. Jackson, Holywell Bank Top, Seaton Delaval.
59. J. Younger, Mares Close Farm, Seghill.
60. W. Y. & J. Younger, Burradon Farm, Dudley.
61. A. F. Moralee, Fawdon Red House, Fawdon, Gosforth.
62. J. Hudspeth, North Brunton Farm, Gosforth.
63. J. A. E. Davies, Middle Brunton, Gosforth.
64. S. E. Fairbairn, West Brunton, Gosforth.
65. J. W. Moscrop, East Brenkley, Seaton Burn.
66. B. C. Hatton, Prestwick Whins, Ponteland.
67. N. Woodcock, West House Farm, Stannington.
68. A. Harrison, Woodside, Stannington.
69. E. Charlton, Chapel House Farm, Walbottle.
70. R. A. Arthur, Hill Head Farm, Westerhope.
71. J. Moorhouse, West Denton Farm, Lemington-on-Tyne.

“ Accredited ” (*Continued*) :—

72. J. Wright. Dumpling Hall Farm, Scotswood.
73. J. J. Hall, East Benton Farm, Newcastle upon Tyne.
74. F. E. Day, Willington Farm, Willington-on-Tyne.
75. T. E. Oliver, Eastern Way, Darras Hall, Ponteland.
76. W. H. Stephenson, Eland Green, Ponteland.
77. R. D. Irwin, Kirkley Hall Farm, Ponteland.
78. J. B. Ralph, Ogle Castle, Ponteland.
79. F. & J. R. Trobe, The Roguery Farm, Whalton.
80. H. Alder, Woodhill, Ponteland.
81. P. Charleton, East House, Dalton.
82. W. Herdman, Dissington Red House, Dalton.
83. R. Alder, Milbourne, Newcastle upon Tyne.
84. S. M. Johnson, Milbourne Grange, Ponteland.
85. R. L. Jobling, junr., Higham Dykes, Milbourne, Newcastle.
86. E. Bolam & Sons, Turpins Hill, Heddon-on-the-Wall.
87. H. R. S. Gibb, Eachwick House, Dalton.
88. A. E. Thompson, Loudside Farm, Dalton.
89. J. H. Charlton, Leaguer House, Dalton.
90. R. Spearman & Sons, Chapel Farm, Stamfordham.
91. J. B. Davidson, Styford, High Barns, Stocksfield.
92. A. W. Straker, Shawell Farm, Corbridge-on-Tyne.
93. E. Charlton, Shaw House Farm, Stocksfield.
94. R. E. Baty & Son, North Acomb, Stocksfield.
95. Exors. of the late R. Graham, Wylam Hills, Wylam.
96. J. Longlands, Bearl, Stocksfield.
97. G. E. Thompson, Mount Huly, Ovingham-on-Tyne.
98. T. Reed, Glebe Farm, Ovingham-on-Tyne.
99. J. Rowell, Ovington Hall Farm, Prudhoe Station.
100. R. Cuthbertson, Stocksfield Hall, Stocksfield.
101. J. E. Moffitt, Peepy, Stocksfield.
102. W. J. Ridley, Shilford, Stocksfield.
103. L. C. Drydon, Broomhaugh Farm, Riding Mill.
104. A. J. Luke, Hedley Park, Stocksfield.
105. W. Stonehouse & Son, Hedley North Farm, Stocksfield.
106. F. Rowland, Mickley Grange, Stocksfield.
107. E. B. Lishman, Hopside Farm, Horsley-on-Tyne.
108. W. T. Lockey, Horsley Hills, Horsley-on-Tyne.
109. R. C. Bramwell, High Barns, Horsley-on-Tyne.
110. H. Alder, Heddon Birks, Heddon-on-the-Wall.
111. W. E. Holmes, Birks Cottage, Heddon-on-the-Wall.
112. J. & A. Riddell, Crescent Farm, Throckley.
113. J. & J. Watson, Mount Hope, East Heddon, Newcastle.
114. J. A. Dodds, Heddon Laws, Heddon-on-the-Wall.
115. F. F. & J. W. S. Heslop, Breckney Hill, Heddon-on-the-Wall.
116. W. Cannon, Breckney Hill, East Heddon.
117. J. N. Scott, Hawthorn Cottage, East Heddon.
118. T. O. Shield, Heddon Banks, Heddon-on-the-Wall.
119. Throckley Coal Co., South Farm, Throckley.
120. F. A. Fowkes & Sons, East Wharmley, Hexham.
121. J. Davidson, Peel Well, Haydon Bridge.
122. N. Douglas, Lipwood Well, Haydon Bridge.
123. T. Sowerby, Rowfoot Farm, Featherstone Park, Halt-whistle.
124. W. P. Jewett, Salmonfield, Steel, Hexham.
125. G. T. Dinning, Eastwood Foot, Slaley.
126. G. C. Robson & Son, Town Head, Slaley.
127. J. Johnston, Causey Hill Farm, Hexham.

“ Accredited ” (Continued) :—

128. J. Johnson, Lowgate, Hexham.
129. R. Green, Bagraw Farm, Lowgate, Hexham.
130. G. T. Rowland, Snape Farm, Lowgate, Hexham.
131. R. M. Lakeman, Langhope, Hexham.
132. A. M. Keith, East Elrington, Haydon Bridge.
133. T. D. Rowell, Greenfield, Wall.
134. E. C. Spence, Frankham, Fourstones.
135. J. W. Green, Settlingstones, Fourstones-on-Tyne.
136. R. W. Keen, Town Foot Farm, Acomb.
137. W. Laidler & Sons, Anick Grange, Hexham.
138. J. Jamieson, East Nubbock, Hexham.
139. A. E. Blair, Sunnyside, Allendale.
140. W. Armstrong, Woolley Park, Allendale.
141. S. Lee, The Laws, Whitfield.
142. J. Dodd, Castle Farm, Langley.
143. T. Arnison, Field Head Farm, Shotley Bridge.
144. J. & A. Riddell, Wallish Walls, Consett.
145. J. S. Arnison, Eddis Bridge, Shotley Bridge.
146. J. Bean, Bullions Farm, Kilnpit Hill, Shotley Bridge.
147. F. J. Christopher, Unthank, Shotley Bridge.
148. R. E. Stephenson, Espershields, Shotley Bridge.
149. J. C. Swallow, Kilnpit Hill, Shotley Bridge.
150. W. S. Nicholson, Grey Mare Hill, Shotley Bridge.
151. J. W. Rowell, Newlands Grange, Ebchester.
152. L. D. Tailford, Allensford Mill, Consett.
153. Miss M. A. Hunter, Wylam Wood Farm, Wylam.
154. Robert V. Brown, Chevington Moor, Morpeth.
155. D. Fairbairn, Lesbury Mill, Lesbury.
156. Jas. Gray, Boulmer House, Alnmouth.
157. T. W. Currie, High House, Woolsington, Kenton.
158. Michael Jordon, Whorlton Grange, Westerhope.
159. Nicholas S. Robinson, West Cocklaw, Wall-on-Tyne.
160. Peter O. Turnbull, Broomhill Farm, Broomhill.
161. W. S. D. Buchanan, Marshall Meadows, Berwick-on-Tweed.
162. John B. Spearman, Heddon Steads, Heddon-on-the-Wall.
163. J. L. Taylor & Sons, West Greenridge, Hexham.
164. R. Bell & Son, West Woodside, The Birks, Heddon-on-the-Wall.
165. T. B. Robinson, Hawksteel, Allendale.
166. Stanley Oliver, Scotts House Farm, Gosforth.
167. T. A. Sanderson, Hill Head Farm, Burradon.
168. John George Smith, Beacon Farm, Cramlington.
169. Robt. Clark, Beacon Farm, Cramlington.
170. T. R. Swan, Coldside, Stamfordham.
171. H. M. & M. Ridley, Elfoot Farm, Haydon Bridge.
172. Mrs. Sarah J. Reed, Chesterwood Park, Haydon Bridge.
173. John L. Johnson, Butterlaw Farm, Westerhope.
174. John Beacom, St. Thomas' Farm, Alnwick.
175. John Henderson, Rye Hill, Slaley.
176. G. W. Milburn, Breckon Hill, Hexham.
177. M. & T. Pigg, Chesterwood, Haydon Bridge.
178. Andrew Mather, New Hall Farm, Amble.

The increase in the number of Accredited licences during the year was 26. All these farms are visited regularly each quarter by the County Health Inspectors, and samples are collected at intervals, as required by the Order, for the purpose of examining the milk bacteriologically.

MEAT AND FOOD INSPECTION, 1937. PUBLIC HEALTH ACT, 1875, s. 116—119. PUBLIC HEALTH ACT, 1890, s. 28.

Meat and Food condemned as unfit for human consumption on account of diseased or unsound conditions:—

SANITARY DISTRICTS.

Municipal Boroughs.

1. Berwick-on-Tweed	...	Nil.	
2. Blyth	...	Beef 174 stones, Veal 15 stones, Mutton 18½ stones, Pork 61 stones, Fish 640 lbs., Canned goods 160 lbs.	
3. Morpeth	...	Beef 67 stones, Mutton 15 stones, Pork 12 stones, Fish 75 lbs., Canned goods 35 lbs.	
4. Wallsend	...	Beef (T.B.) 4 carcasses, 16 part carcasses, Pork 2 carcasses, Fish 18 stones, Fruit 19 stones, Provisions 11 stones.	

Urban Districts.

5. Alnwick	...	Beef 2 carcasses.	
6. Amble	...	Beef 40 stones, Pork 8 stones, Rabbits 28.	
7. Ashington	...	Beef 131 stones, 10 Bovine heads, 30 pairs lungs, 4 livers, Rabbits 12.	
8. Bedlington	...	Beef 108 stones, Imported 7 stones, Mutton 8 stones, Pork 2 stones.	
9. Gosforth	...	Beef 1 stone, Pork 9 stones.	
10. Hexham	...	Beef 35 stones, Mutton 1 stone, Pork 3 stones.	
11. Longbenton...	...	Beef 431 stones, Mutton 5 stones, Pork 38 stones.	
12. Newbiggin-by-Sea	...	Nil.	
13. Newburn	...	Beef 458 stones, Mutton 6 stones, Pork 20 stones.	
14. Prudhoe	...	Beef 17 stones, Pork 227 stones.	
15. Seaton Valley	...	Beef 215 stones, Mutton 3 stones, Pork 47 stones, Rabbits 6.	
16. Whitley & Monkseaton	...	Total quantity of meat and food condemned 7,742 lbs.	

Rural Districts.

17. Alnwick	...	Meat 105 stones.	
18. Belford	...	Nil.	
19. Bellingham	...	Nil.	
20. Castle Ward	...	Nil.	
21. Glendale	...	Nil.	
22. Haltwhistle	...	Beef 36 stones.	
23. Hexham	...	Beef 167 stones, Mutton 8 stones, Pork 23 stones.	
24. Morpeth	...	Beef 135 stones, Mutton 80 stones.	
25. Norham and Islands	...	Nil.	
26. Rothbury	...	Nil.	

SALE OF FOOD AND DRUGS ACTS.

The County Council is the administrative authority under the above Acts throughout the administrative County, excepting in the area of the Borough of Berwick-upon-Tweed. Samples for examination by the County Analyst are taken by the County Council's Inspectors of Weights and Measures. The results of the analyses of samples taken during 1937 and the percentages of those found to be adulterated are shown in the subjoined table.

Description of Article.				Number Examined.	Number Adulterated, etc.	Percentage of Samples Adulterated.	Vendor Prosecuted.	Convictions including cases dismissed on payment of costs.
Ale, Bitter	...	...	...	2	...	...	...	...
„ Mild	...	...	...	1	...	...	...	...
„ Scotch	...	...	...	2	...	...	...	...
„ Scotch (best)	...	...	...	3	...	...	...	...
„ Brown	...	...	...	7	1	14.3	...	...
Almonds...	...	...	...	6	...	...	...	...
Angel Food	...	...	...	1	...	...	...	...
Apricots	...	...	...	4	...	...	...	...
Arrowroot	...	...	...	4	...	...	...	...
Bacon	...	...	...	7	...	...	...	...
Baking Powder...	...	...	...	9	...	...	...	...
Beef Suet	...	...	...	3	...	...	...	...
Beans, Butter	...	...	...	1	...	...	...	...
Beer	...	...	...	6	...	...	...	...
Beef and Tongue Gelantine	...	...	...	1	...	...	...	...
Bicarbonate of Soda	...	...	...	1	...	...	...	...
Black Pudding	...	...	...	3	...	...	...	...
Bread	...	...	...	3	...	...	...	...
Bread Cream	...	...	...	1	...	...	...	...
Brandy	...	...	...	1	...	...	...	...
Brawn	...	...	...	1	...	...	...	...
Bread, Brown Malt	...	...	...	1	...	...	...	...
„ Malt	...	...	...	7	...	...	...	...
„ Malt Cone	...	...	...	1	...	...	...	...
„ White	...	...	...	4	...	...	...	...
Butter	...	...	...	24	...	...	...	...
Calves Feet Jelly	...	...	...	1	...	...	...	...
Candied Peel, Lemon	...	...	...	1	...	...	...	...
Camphorated Oil	...	...	...	2	...	...	...	...
Cheese	...	...	...	3	...	...	...	...
„ Cheshire	...	...	...	8	...	...	...	...
Cake Flour	...	...	...	1	...	...	...	...
Certo	...	...	...	1	...	...	...	...
Chicken and Ham Roll	...	...	...	2	...	...	...	...
Chicory and Coffee	...	...	...	1	...	...	...	...
Chicken Roll	...	...	...	1	...	...	...	...
Chocolate Pudding Mixture	...	...	...	1	...	...	...	...
„ Roll	...	...	...	1	1	100	...	...
„ Biscuits	...	...	...	3	1	33.3	1	1
„ Cubes, Milk	...	...	...	1	...	...	...	...
Cinnamon, Ground	...	...	...	1	...	...	...	...
Coffee	...	...	...	9	...	...	...	...
Carried forward	...	...	...	141	3	—	1	1

Description of Article.	Number Examined.	Number Adulterated, etc.	Percentage of Samples Adulterated.	Vendor Prosecuted.	Convic- tions including cases dis- missed on payment of costs.
Brought forward ...	141	3	—	1	1
Coffee and Chicory ...	3	...	...	...	...
Cornflour ...	5	...	...	...	...
Coffee, French ...	1	...	...	...	...
Corned Beef ...	1	...	...	...	...
Condensed Milk...	22	...	...	...	...
Cocoa ...	5	...	...	...	...
Cream ...	5	...	...	...	...
Cream of Tartar ...	1	...	...	...	...
Currants ...	4	...	...	...	...
Curry Powder ...	1	...	...	...	...
Custard Powder ...	3	...	...	...	...
Demarara Sugar ...	1	...	...	...	...
Desiccated Cocoanut ...	1	...	...	...	...
Dripping... ..	2	...	...	...	...
Fruit Drink, Real Raspberry...	1	...	...	...	...
Flour ...	2	...	...	...	...
Glaze Cherries ...	3	...	...	...	...
Golden Syrup ...	1	...	...	...	...
Grape Fruit ...	1	...	...	...	...
„ „ Butter ...	1	...	...	...	...
Gorgonzola Cheese ...	1	...	...	...	...
Ground Almonds ...	15	...	...	...	...
„ Ginger ...	10	...	...	...	...
„ Rice ...	3	...	...	...	...
Gelantine Roll ...	1	...	...	...	...
Ham, Cooked ...	3	...	...	...	...
Honey ...	2	...	...	...	...
Ice Cream ...	4	...	...	...	...
Iodine, Tincture of ...	1	...	...	...	...
Jams, Marmalades ...	15	4	26.6	...	...
Lard ...	11	...	...	...	...
Lemon Cheese ...	1	...	...	...	...
„ Curd ...	2	...	...	...	...
„ Squash ...	1	...	...	...	...
Mixed Peel, Cut ...	1	...	...	...	...
Marrowfat Peas...	1	...	...	...	...
Malted Milk ...	1	...	...	...	...
Margarine ...	6	...	...	...	...
Milk ...	84	50	59.5	22	22
Milk Dried, Modified Full Cream	1	...	...	...	...
„ „ Trufood ...	1	...	...	...	...
Minced Meat ...	2	...	...	...	...
Mincemeat ...	6	...	...	...	...
Mint Cubes ...	1	...	...	...	...
Mustard ...	1	...	...	...	...
Oatmeal ...	3	...	...	...	...
Olive Oil...	1	...	...	...	...
Orange Cream ...	1	...	...	...	...
Peas, Green ...	1	...	...	...	...
„ Tinned ...	1	...	...	...	...
Carried forward ...	387	57	—	23	23

Description of Article.				Number Examined.	Number Adulterated, etc.	Percentage of Samples Adulterated.	Vendor Prosecuted.	Convictions including cases dismissed on payment of costs.
Brought forward ...				387	57	—	23	23
Parsley, Thyme and Lemon								
Forcemeat Stuffing ...				1	...	...	...	...
Pepper ...				1	...	...	...	...
,, White ...				22	4	18	1	1
,, Black ...				1	...	...	...	...
Plums, Dried ...				1	...	...	...	...
Plum Pudding ...				1	...	...	...	...
Prunes ...				1	...	...	...	...
Potted Meat ...				1	...	...	...	...
Rum and Coffee Drink ...				2	1	50	...	...
Roast Beef, Tinned ...				1	...	...	...	...
Raisins ...				1	...	...	...	...
Rum Butter ...				1	...	...	...	...
Rice ...				4	...	...	...	...
Sauce ...				1	...	...	...	...
,, Tomato ...				1	...	...	...	...
Sardines ...				1	...	...	...	...
Sausage ...				13	...	...	...	...
,, Beef ...				1	...	...	...	...
,, Pork ...				1	...	...	...	...
Self Raising Flour ...				4	...	...	...	...
Sild ...				1	...	...	...	...
Shredded Beef Suet ...				1	...	...	...	...
Stout, Brown ...				1	1	100	...	...
Sponge Sandwich, Chocolate ...				1	...	...	...	...
Soup, Oxtail ...				1	...	...	...	...
Sugar ...				2	...	...	...	...
,, Icing ...				3	...	...	...	...
,, Brown ...				1	...	...	...	...
,, Granulated ...				2	...	...	...	...
Sultanas ...				2	...	...	...	...
Sweets ...				1	...	...	...	...
Table Jelly ...				3	...	...	...	...
Tapioca ...				1	...	...	...	...
Tea ...				4	...	...	...	...
Tincture of Rhubarb ...				1	...	...	...	...
Tartaric Acid ...				1	...	...	...	...
Tomato Ketchup ...				1	...	...	...	...
,, Sausage ...				1	...	...	...	...
Tripe ...				1	...	...	...	...
Turkey and Tongue Gelantine ...				1	...	...	...	...
Vegetable Cooking Fat ...				1	...	...	...	...
Vinegar ...				9	5	55.5	...	...
,, Malt ...				26	...	...	...	...
,, Table ...				11	9	81.8	...	...
,, Non-brewed ...				5	5	100	...	...
,, Artificial ...				1	...	...	...	...
Yeast ...				7	...	...	...	...
TOTAL ...				537	82	15.27	24	24

Public Health (Condensed Milk Regulations), 1923 and 1927; Public Health (Dried Milk Regulations), 1923 and 1927; Public Health (Preservatives, etc., in Food Regulations), 1925-1927—

Twenty-five samples of condensed milk were taken and in all cases the requirements as to labelling were complied with.

No samples of dried milk were taken.

Four samples, including blackcurrant jam, chocolate finger wafers, apple and blackcurrant jam and a further sample of blackcurrant jam, were reported as containing excessive amounts of preservative.

Berwick-upon-Tweed.—The following table indicates particulars of samples taken and results of analyses, etc., during the year. Forty-five samples of various foods and drugs were taken and examined by the Public Analyst, as under :—

	Number taken.	Genuine.	Not-genuine.
Milk	30	16	14
Butter	1	1	—
Lard	2	2	—
Sausage	1	1	—
Chocolate, Milk (nuts) ...	1	1	—
Chocolate, Milk (caramels) ...	1	1	—
Cocoa	1	1	—
Sugar	1	1	—
Tea	2	2	—
Flour, Self-raising	1	1	—
Custard Powder	1	1	—
Rice, Ground	1	1	—
Sultana Cake	1	1	—
Vinegar	1	1	—
Totals ...	45	31	14

All samples which might possibly have contained preservative, were examined for preservative; those reported genuine either contained none, or if permitted to contain preservative they contained it in quantity within that permitted.

It will be observed that all the samples other than milk samples were reported “genuine.” Of the thirty milk samples, fourteen or 46.6% were not up to the standard. Several of these samples showed only a small deficiency in milk-fat. One prosecution was instituted for deficiency in milk-fat of a sample taken in January. The case was dismissed.

In several cases where “appeal to the cow” samples were taken, these confirmed that the deficiency was due to the quality of milk delivered by the cow and no legal action was therefore taken in these cases.

SEWAGE DISPOSAL.

Alnwick Urban District.—The sewage disposal works for the town of Alnwick are described as inadequate and out of date.

Prudhoe Urban District.—A scheme is under consideration for the re-modelling of the sewage disposal works and the centralising of same. At the present time, the works are placed in various parts of the district, and are rapidly approaching obsolescence.

Bellingham Rural District.—Attention has been repeatedly drawn to the condition of the sewage disposal works at Bellingham which are totally inadequate for the purpose for which they are designed.

Glendale Rural District.—New sewers and sewage disposal works have been installed at Lowick.

Haltwhistle Rural District.—New sewage disposal works have been brought into use at Haltwhistle.

HOUSING.

The total number of houses erected within the administrative county during the year 1937 was 3,011, bringing the total of post-war houses to 33,711.

Of the 1937 additions, the largest contributors were :—Wallsend Borough 525, Gosforth U.D. 260, Whitley and Monkseaton U.D. 251, Bedlingtonshire U.D. 195, Seaton Valley U.D. 194, Longbenton U.D. 190, Blyth Borough 187, Berwick Borough 157, Alnwick U.D. 134, Morpeth Borough 132, Ashington U.D. 108, Newbiggin U.D. 102, all the remaining districts being below the 100 mark.

The proportion of municipally erected houses during the year was 1,394 (46.29 per cent.) the remaining 1,617 (53.7 per cent.) having been erected by private builders.

A similar comparison for the whole of the post-war period shows the following :—

Municipally erected, 12,952 (nearly 40 per cent.);
Erected by private persons, 20,759 (over 60 per cent.).

Areas with the largest post-war contributions to the housing problem are :—Wallsend Borough 3,764, Whitley and Monkseaton 3,746, Longbenton 3,096, Blyth Borough 2,645, Gosforth 2,533, Seaton Valley 2,410, Newburn 2,012, Castle Ward R. 1,954, Bedlingtonshire 1,859, Ashington 1,545, Morpeth R. 1,115.

The Housing Table, giving details regarding each district is appended opposite.

WATER SUPPLIES.

Castle Ward Rural District.—A new water supply has been provided for *Heddon-on-the-Wall*, which village hitherto had been dependent on a quite inadequate supply. The new supply is pumped from a borehole to a storage tank, and conveyed thence by gravitation to the village.

NORTHERLAND COUNTY COUNCIL.

Number of houses erected in the County during the years 1920—1937 inclusive

HOUSING, 1936. TABLE A.

Reference : { "A" With State assistance. { "C" by Local Authority.
 { "B" without State assistance. { "D" by other persons.

No.	District.	Erected by :-	Total 1920-30.		1931.		1932.		1933.		1934.		1935.		1936.		1937.		Total.		Totals.		Gross Total.
			A.	B.	A.	B.	A.	B.	A.	B.	A.	B.	A.	B.	A.	B.	A.	B.	A.	B.	A. & B.		
1	Berwick M.B.	C. ... D.	340	7	—	—	60	—	8	—	—	—	24	—	76	—	124	—	632	—	632	—	886
2	Blyth M.B. ...	C. ... D.	740	201	—	85	86	—	180	—	140	—	52	—	184	—	—	—	1,467	—	1,467	—	2,645
3	Morpeth M.B.	C. ... D.	201	2	—	—	—	—	24	—	—	—	12	—	16	—	96	—	349	—	349	—	560
4	Wallsend M.B.	C. ... D.	889	269	156	95	121	—	188	—	158	16	20	84	95	—	331	—	1,897	256	2,153	—	3,764
5	Alnwick U.D.	C. ... D.	153	65	—	—	—	—	50	—	44	—	80	—	—	—	98	—	425	—	425	—	638
6	Amble U.D....	C. ... D.	—	72	—	—	—	—	—	—	—	—	—	—	—	—	36	—	26	—	36	—	362
7	Ashington U.D.	C. ... D.	394	473	—	—	—	—	66	—	—	—	—	—	—	—	108	—	568	—	568	—	1,545
8	Bedlington U.D.	C. ... D.	504	384	—	100	50	—	60	—	50	61	80	—	—	—	142	—	986	—	986	—	1,859
9	Gosforth U.D.	C. ... D.	208	265	—	112	—	—	—	—	—	—	—	—	—	—	94	—	414	—	414	—	2,533
10	Hexham U.D.	C. ... D.	176	15	—	71	91	—	—	—	—	—	91	—	118	—	—	—	475	—	475	—	868
11	Longbenton, U.D. ... Weetslade U.D. ...	C. ... D.	176	79	—	62	—	—	64	—	68	—	70	—	46	60	44	—	823	46	869	—	3,096
12	Newbiggin-by-the-Sea U.D.	C. ... D.	183	100	—	—	—	—	76	—	20	—	—	—	—	—	—	—	—	—	—	—	—
13	Newburn U.D.	C. ... D.	196	119	—	—	—	—	—	—	52	—	32	—	46	—	22	—	326	22	348	—	728
14	Prudhoe U.D.	C. ... D.	710	88	—	20	—	—	—	—	225	—	46	—	56	—	—	—	1,057	88	1,251	—	2,012
15	Seaton Valley U.D. ... Cramlington U.D. ... Earsdon U.D. ... Seaton Delaval U.D. Seghill U.D. ...	C. ... D.	—	—	—	—	—	—	—	—	—	—	72	—	—	—	98	—	1,311	22	1,333	—	2,410
16	Whitley & Monkseaton U.D.	C. ... D.	407	549	—	—	—	—	—	—	—	—	—	—	—	—	—	—	407	—	407	—	3,746
17	Alnwick R.D.	C. ... D.	96	88	—	6	—	—	6	—	40	—	—	—	—	—	18	—	166	18	184	—	503
18	Belford R.D.	C. ... D.	—	76	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19	Bellingham R.D.	C. ... D.	1	16	—	—	—	—	18	—	—	—	—	—	—	—	—	—	19	—	19	—	88
20	Castle Ward R.D. ...	C. ... D.	84	302	—	48	—	—	—	—	—	—	—	—	—	—	—	—	132	46	178	—	1,954
21	Glendale R.D.	C. ... D.	—	47	—	24	—	—	—	—	—	—	—	—	—	—	—	—	32	6	38	—	254
22	Halfwhistle R.D.	C. ... D.	57	21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	57	21	57	—	128
23	Hexham R.D.	C. ... D.	8	98	—	12	—	—	—	—	—	—	6	—	—	—	31	—	57	52	109	—	702
24	Morpeth R.D.	C. ... D.	88	297	—	—	—	—	—	—	—	—	—	—	—	—	20	—	178	637	178	—	1,115
25	Norham & Islandshires R.D.	C. ... D.	24	5	—	—	—	—	2	—	—	—	—	—	—	—	60	—	86	34	86	—	125
26	Rothbury R.D.	C. ... D.	6	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Rothbury U.D.	C. ... D.	—	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Total of C	6,836	158	651	42	430	—	762	—	907	38	585	376	707	6	1,308	86	12,246	706	12,952				33,711
" " D	4,138	4,584	—	629	5	820	2	1,579	—	3,017	1	2,242	1	2,081	1	1,616	4,148	16,611	20,759				
" " C & D	10,974	4,742	651	671	435	820	764	1,579	907	3,085	586	2,618	708	2,090	1,309	1,702	16,394	17,317	33,711				
" " A, B, C & D	15,716	—	1,322	—	1,255	—	2,343	—	4,052	—	3,204	—	2,798	—	3,011	—	33,711	—	33,711				

* Ceased to function as separate Authorities.

Glendale Rural District.—A new supply has been provided for the village of *Milfield*. The water supply to the village of *Branxton* has been taken over by the Rural Council and improvements thereto have been effected.

Haltwhistle Rural District.—A comprehensive scheme for the town of *Haltwhistle* and the surrounding district has been adopted by the District Council after a great deal of discussion and delay. It was originally decided to obtain a supply from a lake, which scheme was eventually superseded by one which provided for obtaining the water from springs, and it is anticipated that the undertaking will be carried out during the year 1938.

Morpeth Rural District.—*Pegswood.*—The supply of water to the village of *Pegswood*, hitherto obtained from colliery workings, has been discontinued, and a supply from the mains of the Tynemouth Corporation substituted. *Ellington.*—The supply of water from colliery workings at *Ellington* village has likewise been discontinued and substituted by a supply from Tynemouth Corporation.

HOSPITALS.

Isolation Hospitals.

The amount of hospital accommodation available for the isolation of infectious disease was as indicated in the subjoined table. The population of the 25 Sanitary Districts for which isolation hospital accommodation was provided was 397,009, and the beds provided numbered 564, independently of the accommodation at port hospitals, giving one bed for each 704 of population.

Newbiggin-by-the-Sea is the only district in the county without means for isolating cases of infectious disease, cases from this district being sent to the Newcastle upon Tyne Corporation and Morpeth R.D.C. Hospitals.

	Popula- tion served.	Number and kind of hospitals provided.	Beds provided for		
			Small- pox.	Infectious diseases other than Small-pox	Small-pox or other Infectious diseases
I. JOINT HOSPITAL DISTRICTS.					
(1) <i>Earsdon Joint Hospital District—</i>	76,360	Iron buildings :—	18	...	...
Seaton Valley U.D. ...		At Earsdon Grange (1)			
Longbenton U.D. ...		Two permanent brick buildings and			
Whitley & Monkseaton U.D.		† One iron building At Scaffold Hill (1)			
(2) <i>Gosforth, Newburn, and Castle Ward Joint Hos- pital District—</i>	51,670	Permanent building ...		32	..
Gosforth U.D. ...					
Newburn U.D. ...					
Castle Ward R.D. ...					
(3) <i>The urban and rural dis- tricts of Alnwick and Rothbury and the rural district of Belford—</i>	29,272	Iron and wood building	18	...	...
Alnwick U.D. ...					
Alnwick R.D. ...					
Belford R.D. ...					
Rothbury R.D. ...					
(4) <i>Hexham rural and Prudhoe—</i>	28,729	do. ...	12	12	...
Prudhoe U.D. ...					
Hexham R.D. ...					
(5) <i>Longtown and Border—</i>	*7,899	do. ...	...	16	...
Alston, etc., R.D. ...					
Brampton R.D. ...					
Longtown R.D. ...					
Haltwhistle R.D. ...					

† Now used only in cases of emergency.

* In this County.

		Popula- tion served.	Number and kind of hospitals provided.	Beds provided for		
				Small- pox.	Infectious diseases other than Small-pox	Small-pox or other Infectious diseases.
II. HOSPITALS PROVIDED BY INDIVIDUAL SANITARY AUTHORITIES.						
Berwick M.B.		12,130	{ One wooden building	4	...	...
Blyth M.B.		34,570	{ Iron & wood building	...	36	...
Morpeth M.B.		9 458	Permanent building ...	8	20	...
			{ Iron building ...	4	...	...
			{ Brick building ...	...	24	...
Wallsend M.B.		43,850	{ Permanent building	24	...	...
			{ do. ...	...	86	...
Alnwick U.D.		6,888	Permanent building ...	...	17	...
Amble U.D.		4,321	Iron building ...	4	...	...
Ashington U.D.		29,940	{ Iron building }	...	45	...
			{ Brick building }	...	...	...
Bedlingtonshire U.D....		27,570	Iron & brick building	...	26	...
Gosforth U.D....		19,840	Permanent building	10	...	...
Hexham U.D.		9,146	Two iron and wood	...	...	30
			buildings	...	...	...
Glendale R.D.		7,526	Two cottages ...	...	...	8
Morpeth R.D.		15,040	One iron and wood	24	...	..
			hospital	...	...	...
Norham and Island- shires R.D.		4,596	do. ...	4	...	...
Rothbury R.D....		5,629	Iron and wood building	...	8	...
River Blyth Port Sanit- ary Authority			Permanent building ...	...	24	...

	Popula- tion served.	Number and kind of hospitals provided.
III. SANITARY AUTHORITIES HAVING MADE ARRANGE- MENTS FOR PATIENTS TO BE RECEIVED BY NEIGHBOURING SANIT- ARY AUTHORITIES.		
Blyth U.D.	34,570	Patients from this district are received into the hospital of the Blyth Port Sanitary Authority.
Bedlingtonshire U.D.	27,570	Arrangements made with Earsdon Joint Board Hospital for admission of Smallpox patients.
Alnwick R.D.	12,080	Patients suffering from infectious disease, other than Smallpox, admitted to Alnwick U.D. Hospital.
Belford R.D.	4,675	Arrangements made with Berwick Borough Council for admission of patients to Berwick Infectious Diseases Hospital.
Bellingham R.D. ...	4,932	Patients from this district are received into the Gosforth, Newburn and Castle Ward Joint Hospital.
Castle Ward R.D. ...	12,560	Smallpox cases are received into the Gosforth U.D. Smallpox Hospital.
Norham and Island- shires R.D.	4,596	Cases of infectious disease, other than Smallpox, are removed, when occasion requires, to Berwick Borough Infectious Diseases Hospital under an agreement with the Borough Council.
River Tyne Port Sanit- ary Authority		All "Port" cases of infectious disease are received into the Walkergate and North and South Shields Infectious Diseases Hospitals.

Institution Hospitals.

The following table indicates the various Institution Hospitals maintained by the County Council under the Poor Law Act, 1930, and the number of beds available in each during the year 1937.

In the case of the Preston Hospital, North Shields, the total number of the beds in the hospital is shewn, as it is not possible to give the exact number occupied by County Council patients during the year.

Name of Institution.	General, Medical, and Surgical.		Children.	Chronic Sick.		Venereal.		Tuberculosis.		Isolation.		Maternity.	Mental.		Mental Defectives.		Total.	
	M.	F.		M.	F.	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.
Alnwick ...	...	...	3	15	17	...	...	1	...	...	2	1	...	...	...	...	16	23
Berwick-on-Tweed	...	...	4	19	15	...	...	...	...	...	...	1	...	10	...	...	19	30
Greenholm, Haltwhistle ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	40	...	40	...
Dean Street House, Hexham ...	30	30	6	...	...	...	...	5	...	...	...	2	...	...	...	35	38	\$73
Morpeth ...	8	6	...	...	...	...	...	...	...	...	...	1	...	...	...	8	7	15
Ponteland...	13	14	2	...	...	...	...	...	...	2	2	...	...	...	...	15	18	\$33
Rothbury ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	54	54
Preston Hospital, North Shields ...	84	81	†95	58	28	6	4	40	26	...	...	12	2	2	...	190	248	438
	135	131	110	92	60	6	4	46	26	2	4	17	2	12	40	323	418	741

‡ Includes children. † Includes 25 beds for Tuberculosis cases. § Includes Chronic Sick.

Voluntary Hospitals.

The number of beds available in Voluntary Hospitals in the administrative county during the year 1937, was as follows :—

Alnwick Infirmary	...	...	...	27 (including 2 cots).
Ashington Hospital	...	...	...	44 (including 2 cots).
Berwick Infirmary	...	...	...	36 (including 3 cots).
Blyth Hospital	...	...	...	36 (including 6 cots).
Corbridge Hospital	...	...	...	17
Haltwhistle Hospital	...	...	...	16 (including 2 cots).
Hexham War Memorial Hospital	...	...	...	40
Morpeth Cottage Hospital	...	...	...	13
Rothbury Cottage Hospital	...	...	...	17
Newburn Cottage Hospital	...	...	...	12
Wallsend Infirmary	...	...	...	20 (including 3 cots).
				278

There were 978 beds available during the year, in the various voluntary Hospitals in Newcastle upon Tyne, to which County patients are admitted; the following table shews the approximate number of beds in each :—

Royal Victoria Infirmary	(approximately)...	616 (plus 86 in paybed section, 50 in Innes Hopkins Memorial Home, and 25 convalescent beds at Corbridge.
Fleming Memorial Hospital	...	88
Princess Mary Maternity Hospital	...	90
Northern Women's Hospital	...	28
Eye Hospital	...	35
Throat, Nose and Ear Hospital	...	35

The percentage proportion of beds occupied throughout the year by each of the areas from which patients are admitted to the Royal Victoria Infirmary, was as follows :—

	In-patients.
Durham County	48·25%
Northumberland	31·03%
City of Newcastle	18·83%
Other places	1·89%

and the number of patients admitted from the Administrative County of Northumberland during the year was 4,523, the total number of admissions to the Infirmary being 14,576. The analysis of the waiting list on December 31st, 1937, shews the following results :—

Durham County...	1,693
Northumberland County	1,112
City of Newcastle	776
County Borough of Gateshead	508
County Borough of South Shields	110
County Borough of Tynemouth	33

PUBLIC ASSISTANCE.

The Local Government Act, 1929, directed county councils to have regard to the desirability of securing that all assistance which can lawfully be provided otherwise than by way of poor relief shall be so provided. This attempt to remove the rate-aided person from the stigma of the Poor Law has been subsequently borne in mind by all local authorities whenever administrative changes have been made. Even where it is essential for the County Council to provide relief through the agency of the Public Assistance Committee many departures from previous procedure have been made.

It has been felt that, where practicable, it is preferable for the rate-aided person who is in need of medical treatment to receive that medical out-relief from his own family doctor rather than from the district Medical Officer. In order to enable such patients to remain under the care of the family doctor who would attend were the patients not in receipt of relief, various authorities have set up panels of doctors who are willing to undertake this work on behalf of the local authority.

The County Council decided in 1937 to introduce such a system into certain areas of Northumberland.

Changes were made in the Gosforth and Haydon districts where a panel system of medical relief was introduced in each area for the experimental period of one year from 1st July, 1937.

These arrangements will be the subject of a special report at the termination of the period during which they are under trial.

The only other alteration in administration was in the Lesbury district where the remuneration was placed upon the "capitation" basis with a retaining fee of £10 per annum.

The position at the 31st December, 1937, was as follows :—

Districts where payment is based on :—

1. "*Units*" system.

Bedlington.	Morpeth 2a.
Berwick.	Do. 6.
Blyth.	Newburn.
Cramlington.	Prudhoe.
Earsdon.	Wallsend.
Haltwhistle East.	Weetslade.
Do. West.	Whitley Bay, and
Lemington.	Willington Quay.

2. "*Capitation*" with retaining fee.

Chatton.	Stamfordham
Lesbury.	and
Norham.	Wooler.

3. "*Capitation*" with 4d. per mile travelling expenses.

Allendale.	Ninebanks, and
Allenheads.	Whitfield.

4. *Annual Salary plus 4d. per mile travelling expenses.*

Bellingham No. 6.

5. *Panel system.*

Gosforth and Haydon.

6. *Annual salary.*

Remaining 45 districts.

The details of the above mentioned "Units" and "Capitation" systems might, with advantage, be recapitulated at this point.

"Units" basis.

					No. of Units.	Value at 4½d. per unit s. d.
Visit to home...	...	...	...	...	4	1 6
Consultation at surgery	...	...	...	...	3	1 1½
Medicine supplied	...	...	...	...	2	9
Dressings supplied	...	...	...	...	2	9
Certificate issued	...	...	...	...	1	4½

"Capitation" basis.

Payment of 5/- per quarter for short term cases and 20/- (the maximum annual fee) for chronic cases needing continuous treatment for over six months. Medicines are paid for at the rate of 9d. per bottle.

Calculated on the above bases the following statement shows :—

1. The Medical Officers' contract salaries. (Column 2.)
2. Salaries actually earned in 1937. (Column 3.)
3. Salaries actually earned in 1936 and 1935. (Cols. 4 and 5.)

1.	Medical Officers' minimum contract salaries. 2.	Earned salaries on "Units" and "Capitation" bases.		
		1937. 3.	1936. 4.	1935. 5.
Districts on Special Remuneration ...	£ s. d. 857 15 0	£ s. d. 1,906 17 9	£ s. d. 1,874 13 1	£ s. d. 1,782 2 1
Districts on Fixed Annual Salaries ...	1,125 0 4	276 18 3	313 4 5	305 7 7
TOTALS ...	£1,982 15 4	£2,183 16 0	£2,187 17 6	£2,087 9 8

During 1937 the Public Assistance Medical Service was satisfactorily maintained and administered throughout the County without any excessive visitation of cases or exploitation of the systems of remuneration in operation. There were, however, some claims for extra expenses incurred in connection with prescriptions, but as these were outside the reasonable limits of general

practice, the accounts were deferred and returned for amendment. Otherwise it would appear that the bases of remuneration have proved to be acceptable and equitable, which facts have greatly contributed to the smooth and efficient working of the service.

Since the introduction of the payment of certain District Medical Officers on the basis of services rendered, it has been necessary to adopt several schemes of an experimental nature in view of the great variation in conditions obtaining in the various districts for which arrangements have had to be made. Much valuable information and experience resulted from the working of these schemes, and in the future the systems found to be most satisfactory will be adopted more extensively as opportunities occur.

Although, as stated above, considerable experience has been gained, it appears unwise to recommend the universal adoption of any one system of remuneration. No system, whatever its basis, could adequately meet the varied requirements of districts such as are found in Northumberland. The nearest approach is to be found in the Panel system, but even this would have to be subjected to certain modifications to cope with the large rural areas.

The policy of making temporary medical appointments has been continued during the year and there are now 14 districts in which appointments of this nature are held. An improvement was effected in 1937 by the termination of all temporary appointments on the same date—31st March, 1937—after which date they were renewable from year to year. Previously these appointments were due for re-consideration at varying times throughout the year but by this new arrangement it will be possible to deal with all re-appointments at the same time and by continuing such a practice the Committee will retain the power to make alterations at comparatively short notice.

Up to the end of 1937 it has been possible to review and adjust the remuneration in no less than 28 of the 73 medical relief districts in the County, the equivalent of 38% of the districts. Such arrangements, however, have been made chiefly in the industrial areas where the greatest amount of work has to be undertaken, and in terms of the actual medical relief service, 85% of the work in the County was carried on under special recently considered conditions.

In 45 districts the Medical Officers still hold contracts which they have entered into with the County Council. The newer methods of administering this relief service are advantageous to the County Council, and make for smoother working. They are being gradually introduced as new appointments are made but it is only possible to make changes when vacancies occur in the districts where annual contract salaries are now payable.

POOR LAW MEDICAL OUT-RELIEF.

The following table indicates the various Medical Out-relief districts in the County :—

Guardians Committee Area.	District.	Area in Acres.	Population— 1931 Census.
North No. 1 ...	Belford—West ...	25,877	2,112
	Do. East ...	13,920	2,502
	Berwick... ..	14,111	13,181
	Norhamshire ...	20,151	2,228
	Islandshire ...	19,186	1,808
	Carham	13,068	889
	Chatton	36,269	1,529
	Ford	23,236	1,745
	Glendale—Southern	21,994	571
	Lowick	12,879	877
	Wooler	40,484	2,443
		241,175	29,885
	<i>Plea piece common to E. & W. Lilburn, Ilderton & Roseden C.Ps.</i>	3	...
	<i>Undivided moor common to Kirknewton & Lanton, C.Ps.</i>	8	...
North No. 2 ...		241,186	29,885
	Alnwick	4,778	6,883
	Embleton	20,200	2,375
	Felton	9,026	1,171
	Glanton	27,021	1,468
	Lesbury	10,645	2,368
	Shilbottle	15,526	1,704
	Warkworth	11,875	7,733
	Rothbury—East ...	28,601	2,102
	Do. West... ..	19,477	1,398
	Rothley	15,097	258
	Harbottle	59,553	777
	Elsdon	18,931	383
	Whittingham	26,204	850
Central		266,934	29,470
	<i>Intermixed lands common to Rothbury & Snitter, C.P.</i>	23	...
		266,957	29,470
Central	Ponteland... ..	42,947	8,172
	Stamfordham	30,254	2,788
	Stannington	10,314	1,920
	<i>Carried forward...</i>	83,515	508,143
			12,880
			59,355

Guardians Committee Area.	District.	Area in Acres.		Population— 1931 Census.	
	<i>Brought forward...</i>	83,515	508,143	12,880	59,355
Central— <i>Contd.</i>	Morpeth -- No. 1	327		7,391	
	Do. No. 2	11,745		4,806	
	Do. No. 2a	2,620		9,863	
	Do. No. 3	10,123		27,799	
	Do. No. 4	15,776		4,787	
	Do. No. 5	17,087		820	
	Do. No. 6	676		19,623	
	Do. No. 6a	8,881		12,095	
	Do. No. 7	4,573		258	
	Do. No. 8	16,127		2,307	
	Do. No. 9	9,607		521	
	Blyth	4,319		31,680	
			185,376		134,830
	<i>Longhorsley Com- mon common to Bigge's, Riddells, and Freeholders' Qtrs. C.Ps. ...</i>		23		...
	<i>Horsley Moor com- mon to Bigge's Qtr., Fenrother Freeholders and Riddell's Qtrs. C.Ps.</i>		192		...
			185,591		134,830
South	Gosforth	1,303		18,044	
	Whitley	1,925		24,224	
	Seaton Delaval ...	4,102		5,842	
	Seghill	1,425		2,582	
	Cramlington ...	4,583		8,238	
	Earsdon	5,705		13,583	
	North Longbenton	4,584		13,074	
	Weetslade	2,201		7,734	
	Wallsend	1,629	(approx.)	29,725	
	Willington Quay	1,793	do.	14,862	
			29,250		137,908
West	Bellingham—No. 1	19,719		1,287	
	Do. No. 2	104,787		820	
	Do. No. 3	58,369		873	
	Do. No. 4	13,228		756	
	Do. No. 5	30,518		956	
	Do. No. 6	20,024		599	
	Lemington	1,588		8,523	
	Newburn	2,808		10,362	
	Haltwhistle—				
	Eastern	34,103		5,823	
	Western	27,461		2,390	
	Southern	22,282		419	
	<i>Carried forward...</i>	334,887	722,984	32,808	332,093

Guardians Committee Area.	District.	Area in Acres.		Population— 1931 Census.	
	<i>Brought forward...</i>	334,887	722,984	32,808	332,093
West— <i>Contd.</i>	Whitfield ...	12,481		278	
	Hexham ...	12,203		10,290	
	Slaley ...	27,001		1,409	
	Shotley ...	15,244		1,129	
	Blanchland ...	11,184		331	
	Humshaugh ...	37,597		2,802	
	Haydon... ..	22,031		2,954	
	Allendale ...	9,631		1,475	
	Wylam ...	5,495		11,165	
	Ovingham ...	10,508		2,825	
	Corbridge ...	22,211		3,936	
	Allenheads ...	4,748		743	
	Ninebanks ...	4,987		394	
			530,208		72,539
	<i>Allendale Common</i> <i>—stinted pasture</i> <i>common to Allen-</i> <i>dale and West</i> <i>Allen C.Ps. ...</i>		18,107		...
	<i>Moorland common</i> <i>to Townships of</i> <i>ancient Parish of</i> <i>Hexham (viz.,</i> <i>Hexham and Hex-</i> <i>hamshire High,</i> <i>Low, Middle and</i> <i>West Quarters) ...</i>		4,903		...
			553,218		72,539
			1,276,202		404,632
	<i>Newcastle-on-Tyne</i> <i>R.D. (Moothall</i> <i>and precincts) ...</i>		1		5
			1,276,203		404,637

PUBLIC VACCINATION.

A list of Public Vaccinators and of the Vaccination Officers in the County will be found at the commencement of this report.

The accompanying table is a return relating to the year ended December 31st, 1936, and includes (last two columns) information relating to the year 1937.

There are in some areas of the County defaulting parents who have not obtained exemption on conscientious grounds, etc. It is the duty of Vaccination Officers to prosecute such persons, but proceedings have not been taken in any of the cases concerned.

RETURN RESPECTING THE VACCINATION OF CHILDREN WHOSE BIRTHS WERE REGISTERED FROM
1ST JANUARY TO 31ST DECEMBER, 1936, INCLUSIVE.

Registration Sub-districts.	No. of Births returned in the "Birth List" Sheets as registered from 1st January to 31st December, 1936.	Number of these Births duly entered by 31st January, 1938, in Columns I., II., IV. and V. of the "Vaccination Register" (Birth List Sheets), viz:—					Number of these Births which on 31st January, 1938, remained unentered in the "Vaccination Register" on account (as shown by "Report Book") of				No. of these Births remaining on 31/1/38 neither duly entered in the "Vaccination Register" (Cols. 3, 4, 5, 6 and 7 of this return) nor temporarily accounted for in the "Report Book" (Cols. 8, 9 and 10 of this return).	Total No. of Certificates and copies of successful Primary Vaccination of Children under 14 received during the calendar year 1937.	No. of Statutory Declarations of Conscientious objection actually received by the Vaccination Officers irrespective of the dates of birth of the children to which they relate during the calendar year 1937.
		Col. I. Success-fully vaccin-ated.	Col. II. Insus-ceptible of vac-cination.	Col. II. Had Small-pox.	Col. IV. No. in respect of whom Statutory Declara-tions of conscien-tious objection have been received.	Col. V. Died un-vaccin-ated.	Postpone-ment by Medical Certifi-cate.	Removal to Districts the Vac-cination Officers of which have been duly appraised.	Removal to places to unknown or which cannot be reached and cases not having been found.				
1	2	3	4	5	6	7	8	9	10	11	12	13	
Allendale...	34	11	...	...	14	1	1	...	...	7	11	11
Alnwick ...	108	22	2	...	77	2	1	1	3	...	18	73	
Ashington ...	819	103	...	...	599	34	3	2	9	69	75	522
Bedlington ...	437	98	...	...	320	13	...	2	4	...	94	341
Belford ...	66	57	...	...	6	3	...	...	...	...	153	10
Bellingham ...	56	39	...	...	12	1	...	...	...	4	22	9
Berwick ...	230	84	...	...	105	10	4	9	7	11	78	105
Bywell ...	142	24	...	...	97	8	...	...	4	9	23	125
Castle Ward ...	324	143	...	...	130	13	11	14	5	8	76	86
Chollerton ...	40	21	1	...	12	4	...	...	1	1	34	15
Embleton ...	52	27	...	...	21	3	...	...	...	...	22	25
Haltwhistle ...	108	...	...	...	93	4	...	...	...	11	3	72
Hexham ...	313	155	...	...	110	4	...	24	3	1	119	139
Longbenton ...	295	77	...	...	188	19	1	2	6	1	180	310
Morpeth ...	149	35	...	...	70	16	5	8	12	20	29	61
Newburn...	274	64	...	...	181	3	1	...	11	2	94	173
Stanfordham ...	22	9	...	...	9	1	5	...	...	3	...	...
Northland S.E....	560	89	...	...	418	34	3	4	8	4	90	409
Rothbury ...	66	54	...	...	7	1	1	...	...	3	49	16
Seaton Valley ...	209	59	...	...	133	8	...	3	5	...	65	115
Walsend...	877	375	...	...	406	43	...	25	16	12	391	452
Warkworth ...	171	24	...	...	125	9	...	...	9	4	14	124
Whitley ...	397	85	1	...	206	24	31	7	21	22	60	175	
	5,749	1,655	4	...	3,339	265	68	101	125	192	1,700	3,368	

VENEREAL DISEASE REGULATIONS.

The scheme undertaken by the County Council in conjunction with neighbouring authorities underwent complete revision during the year. A statutory Joint Committee of the County Councils of Durham and Northumberland, and the County Borough Councils of Gateshead and Newcastle upon Tyne was set up, and a new clinic, directly controlled by the Joint Committee, was established in premises specially erected in the grounds of the Newcastle General Hospital. The work of the treatment centre was transferred to the new premises on August 30th, 1937.

The Joint Committee appointed Dr. A. E. W. McLachlan to be full-time Medical Officer in charge of the clinic. Four part-time medical officers also take part in the work of the centre, three being concerned with the male treatment sessions while the fourth, a woman medical officer, undertakes the treatment of females.

While most of the work of the centre is in connection with the treatment of out-patients, beds are available in the Newcastle General Hospital for such patients as are in need of in-patient treatment.

During the four months of 1937 in which the new clinic was in operation, the work proceeded efficiently, and the new arrangements were found to be satisfactory. The appended figures shew that from the inception of the new clinic there was an increase in the average number of persons per month seeking advice and treatment and in the total number of attendances per month. These figures reflect the considerable degree of success which the Joint Committee's clinic has achieved.

In the following table particulars are given in relation to treatment during 1937 and (for comparison) 1936.

It will be observed that the figures relating to the year under review indicate the work done at each of the treatment centres, i.e., at the Royal Victoria Infirmary from January 1st to August 29th and at the new Clinic at the Newcastle General Hospital from August 30th to December 31st.

For statistical purposes it was decided, after communication with the Ministry of Health, that the transfer from the R.V.I. to the Joint Committee's Clinic should be regarded as the termination of one Clinic and the commencement of the other; as a consequence of this the figures which would appear under Sections 8 and 9 of the Royal Victoria Infirmary Clinic return are included together under Section 8, which leaves no patients under treatment on the date of transfer; while in the return from the Joint Committee's Clinic, Sections 1, 2 and 4, are included together under Section 4, which means that all previously treated cases are shewn as transferred to the clinic.

	1936.			R.V.I. Newcastle. Jan. 1—Aug. 29. 1937.			Newcastle General Hospital. Aug. 30—Dec. 31. 1937.		
	Males.	Fe- males.	Total.	Males.	Fe- males.	Total.	Males.	Fe- males.	Total.
1. Under treatment or obser- vation at beginning of year... ..	236	101	337	231	100	331	...	...	...
2. Returned for treatment after having ceased to at- tend during any previous year... ..	23	22	45	20	24	44	...	...	...
3. Dealt with for the first time	291	121	412	182	77	259	138	65	203
4. Number of cases dealt with for the first time known to have received treatment at other Centres	22	6	28	16	6	22	259	163	422
5. Discharged after completion of treatment	176	75	251	119	66	185	70	36	106
6. Ceased to attend before com- pletion of treatment	116	45	161	78	31	109	24	2	26
7. Number of cases which ceased to attend after com- pletion of treatment but before final tests of cure...	8	11	19	7	3	10	...	1	1
8. Transferred to other Centres, etc.	41	19	60	245	107	352	19	5	24
9. Under treatment or obser- vation at end of year	231	100	331	...	...	...	284	184	468
10. Cases (included in Item 6) which failed to complete one course of treatment...	9	8	17	13	9	22	...	...	...
11. Total number of attendances	6,459	3,562	10,021	4,480	2,285	6,765	2,994	1,818	4,812
12A. Total number of in-patients admitted for treatment during year	6	10	16	4	5	9	8	4	12
12B. Aggregate number of in- patient days of treatment given	127	306	433	70	243	313	183	147	330
13. Number of cases of congeni- tal syphilis (included in Item 3 above)	9	12	21	8	5	13	3	3	6

Irrigation stations are open, morning and evening, for gonorrhoea patients independently of the clinics.

The travelling expenses of necessitous patients to and from the clinics, are borne by the County Council.

Every facility is afforded to medical practitioners in the area for consultations with the Medical Officer of the treatment centre, and they occasionally attend the clinics.

Previous to reorganisation bacteriological examinations under the Council's scheme were carried out at the Durham University College of Medicine, Newcastle upon Tyne, and at the County Laboratory, Newburn-on-Tyne. Since the transfer of the Treatment Centre from the Royal Victoria Infirmary, arrangements have been made for the bacteriological work in connection with Venereal Diseases to be undertaken at the County Laboratory at Newburn.

The following statement gives the number and kind of tests taken at the respective laboratories during 1937 and indicates the extent to which

medical practitioners availed themselves of the facilities provided by the County Council for such examinations :—

Nature of Test.	Number of Tests.		
	For Treatment Centres.	For Hospitals and other Institutions.	For Medical Practitioners.
DURHAM UNIVERSITY			
COLLEGE OF MEDICINE.			
<i>Microscopical—</i>			
For detection of Gonococci ...	...	1	...
<i>Serum tests—</i>			
For Wassermann reaction ...	431	278	...
Synovial fluid for Wassermann test ...	...	1	...
For Gonococcal infection ...	3	2	...
<i>Cerebro Spinal fluid tests—</i>			
Wassermann reaction ...	...	42	...
COUNTY LABORATORY, NEWBURN.			
<i>Microscopical—</i>			
For detection of Spirochetes ...	...	...	1
For detection of Gonococci ...	...	...	71
<i>Serum tests—</i>			
For Wassermann reaction ...	672	277	270
For Gonococcal infection ...	156	...	16
<i>Cerebro Spinal fluid tests—</i>			
Wassermann reaction ...	3	32	...
Globulin ...	3	...	...
Colloidal ...	3	...	...
Totals ...	1,271	633	358

Patients who do not Complete Treatment.

The following table indicates the percentages of patients who failed to complete treatment during the year. The figures for the year 1936 are also included for comparison :—

		1936.		1937	
		Male.	Female.	Male.	Female.
Syphilis ...	...	22·1%	35·0%	20·2%	13·5%
Gonorrhoea ...	...	26·7%	12·5%	18·5%	10·9%

In-patients are included in the above figures, as they attend the out-patients clinic after their discharge from the ward.

The following table indicates the number of patients who attended the Out-patients Clinic during the year :—

					Male.	Female.
Syphilis ...	...	...	...	...	222	200
Gonorrhoea ...	...	...	...	...	307	55

MATERNITY AND CHILD WELFARE AND MIDWIVES.

MIDWIVES ACTS, 1902-1936.

Midwives Act, 1936.

The Midwives Act, 1936, came into force on 31st July 1936. County Councils were required to submit their proposals not later than 30th January, 1937, and to put their schemes into operation by 30th July, 1937.

The Act is regarded as an important step in the campaign for reducing maternal mortality. Its principal proposals are directed towards the improvement of the maternity services, and the raising of the status of the midwifery profession as a whole.

The main provisions are as follows :—

The organisation of a service of full-time salaried midwives under the control of the Local Supervising Authority.

The payment by the authority of compensation to midwives who voluntarily retire from practice and to those who are required to retire owing to old age or infirmity during a specified period.

The prohibition of maternity nursing by unqualified persons in any area by order of the Minister of Health as soon as he is satisfied that the new service in that area is adequate.

The periodical attendance at post-certificate courses of all practising midwives.

Various amendments of the existing law relating to midwives.

The duty of establishing a domiciliary service of midwives is laid upon the Local Supervising Authority, and it may discharge its responsibilities in one of three ways :—

- (a) By employing midwives directly under its control.
- (b) By arrangements with local councils which are also Maternity and Child Welfare Authorities.
- (c) By arrangements with voluntary organisations such as County and District Nursing Associations.

The total number of births in the County of Northumberland during the year 1935 was 6,612. Of these 4,762 or 72% of the total were attended by District Nursing Association midwives acting in the capacity of midwives or maternity nurses, the figures being, as midwife 1,382, and as maternity nurse 3,380—these figures being exclusive of miscarriages.

Of 256 women who had signified their intention to practise midwifery in the County when the Scheme was formulated, 212 were employed by the County Nursing Association, the remainder practising either as independent midwives or in Public Assistance Institutions.

Maternity services were provided by affiliated District Nursing Associations over the whole of the administrative County with the exception of Gosforth, Wallsend (exclusive of Willington Quay), Whitley Bay and Monkseaton and the parishes of Kirkhaugh and Knaresdale.

It was, therefore, decided to provide the larger part of the service in Northumberland by making arrangements with the County Nursing Association, and to employ County Midwives in the Borough of Wallsend and the Urban District of Gosforth. With regard to the parishes of Kirkhaugh and Knaresdale which border on the County of Cumberland, arrangements

TABLE 1.

Table shewing numbers of Births and numbers of Deaths under one year in Urban and Rural Districts and number of Deaths of Infants under one year investigated by Health Visitors during the year ended December 31st, 1937.

		Amble Urban.		Alnwick Urban.		Berwick-upon-Tweed Borough.		Seaton Valley Urban.		Morpeth Borough.		Newbiggin-by-the-Sea Urban.		Prudhoe Urban.		Rothbury Rural.		Whitley & Monkseaton Urban.		Hexham Urban.		Alnwick Rural.		Belford Rural.		Bellingham Rural.		Castle Ward Rural.		Glendale Rural.		Haltwhistle Rural.		Hexham Rural.		Morpeth Rural.		Norham & Islandshires Rural.		Total.		GROSS TOTAL.			
Live Births—		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
Number of Legitimate Births ...		33	43	50	45	84	90	191	203	86	65	81	71	81	61	39	37	132	121	63	52	61	88	35	37	37	35	79	79	38	48	48	44	140	111	123	115	26	27	1427	1372	2799			
Number of Illegitimate Births ...		2	1	1	4	4	5	3	9	...	3	...	1	1	3	3	1	6	6	2	4	5	3	2	4	1	2	5	1	3	5	4	2	9	4	5	9	3	2	59	69	128			
Total Number of Births ...		35	44	51	49	88	95	194	212	86	68	81	72	82	64	42	38	138	127	65	56	66	91	37	41	38	37	84	80	41	53	52	46	149	115	128	124	29	29	1486	1441	2927			
Still Births	Legitimate ...	2	3	3	1	2	6	10	12	5	4	5	...	3	2	2	1	2	9	1	1	3	1	1	1	2	4	...	1	1	1	1	9	5	6	...	1	48	63	111			
	Illegitimate	1	...	2	1	...	1	1	1	2	...	1	...	1	4	7	11			
	Total ...	2	3	4	1	4	7	10	13	5	4	5	...	3	2	2	1	3	9	1	2	3	1	1	1	2	6	...	2	1	2	1	9	5	6	...	1	52	70	122			
Deaths of Infants under 1 year	Legitimate ...	1	1	2	2	4	1	11	8	4	3	4	4	5	5	1	1	4	8	9	6	5	8	2	2	4	3	3	6	3	1	1	4	6	9	14	8	2	2	85	82	167			
	Illegitimate...	1	...	2	1	3	1	1	...	1	1	1	1	10	3	13				
Infantile Mortality Rates (per 1,000 births) ...		25·0		40·0		33·0		52·0		45·0		52·0		75·0		25·0		60·0		132·0		89·0		51·0		93·0		55·0		43·0		51·0		60·0		95·0		69·0		60·0			
Number of Deaths Investigated	Legitimate ...	1	1	2	2	4	1	11	8	2	2	4	3	5	5	1	1	4	8	9	6	5	8	2	2	4	3	3	6	2	1	1	4	6	9	14	8	2	2	82	80	162			
	Illegitimate	1	...	2	1	3	1	1	...	1	1	1	1	10	3	13				
Total Number of Deaths (under 1 year) investigated...		1	1	2	2	5	1	13	8	2	2	4	3	6	5	1	1	7	9	10	6	6	8	2	2	4	3	3	6	2	1	1	4	6	10	15	9	2	2	92	83	175			
Causes of Deaths of Infants under 1 year in Urban and Rural Areas.																																													
Prematurity ...		1	1	4	3	...	1	2	2	2	2	...	1	2	2	3	6	2	2	3	2	2	4	3	3	6	5	...	1	30	35	65			
Congenital Debility	1	...	1	1	1	1	1	...	1	1	2	1	1	3	9	12		
Congenital Deformities, Malformations, Injuries...		2	...	2	1	1	1	2	1	1	1	1	2	...	1	2	...	1	1	13	7	20				
Cerebral Haemorrhage...		1	1	1	1	2	3				
Inanition and Lack of Vitality		1	1	1	1	2		
Status Lymphaticus...		1	1	2		
Icterus Neonatorum	1	...	1	2		
Cardiac Failure	2	1	1	2			
Accidentally Suffocated		1	1		
Marasmus	1	...	1	1	1	3			
Gastro Enteritis	1	2	1	1	1	1	2	5			
Atelectasis	1	...	1	1	1	2	7			
Bronchitis and Pneumonia		1	1	1	...	3	2	1	...	1	...	2	1	1	...	2	2	4	1	1	1	4	22	29			
Inattention at Birth		1	1	1	9			
Whooping Cough	2	1	1	3	1	...	1	2	1				
Streptococcal Vaginitis		1	1		
Septicaemia	1	1	1	1	3	1			
Haemolytic Anaemia		1	1	2			
Convulsions	1	1	1	1			
Streptococcal Meningitis		1	1		
Pulmonary Tuberculosis		1	1	
		1	1	2	2	5	1	13	8	2	2	4	3	6	5	1	1	7	9	10	6	6	8	2	2	4	3	3	6	2	1	1	4	6	10	15	9	2	2	92	83	175			

TABLE 2.

Investigated Cause of Deaths of Infants under one year, and Children aged 1-5 years, with age periods at which death occurred during the year ended December 31st, 1937.

[illegible]

TABLE 3.

Investigated Cause of Deaths during the year ended December 31st, 1937, of
Illegitimate Children under the age of one year, arranged in sanitary areas.

	Berwick-on-Tweed Urban.		Seaton Valley Urban.		Prudhoe Urban.		Whitley & Monkseaton Urban.		Hexham Urban.		Alnwick Rural.		Hexham Rural.		Morpeth Rural.		TOTAL.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Number of Illegitimate Births in these Areas ...	4	5	3	9	1	3	6	6	2	4	5	3	9	4	5	9	35	43
Number of Deaths under one year	1	...	2	...	1	...	3	1	1	...	1	...	...	1	1	1	10	3
Number of Deaths investigated...	1	...	2	...	1	...	3	1	1	...	1	...	...	1	1	1	10	3
CAUSE OF DEATH.																		
Congenital Heart Disease ...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...
Atelectasis ...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Broneho-Pneumonia ...	...	...	...	...	1	...	2	...	...	...	...	...	...	...	...	...	3	...
Enteritis ...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	3
Septicaemia ...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Prematurity ...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	1	1
Inattention at Birth ...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...
Marasmus ...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Accidentally Suffocated ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...
TOTAL ...	1	...	2	...	1	...	3	1	1	...	1	...	...	1	1	1	10	3

were made for domiciliary midwifery to be carried on as before by the Nursing Association in Alston, and for a grant to be made to that body by Northumberland County Council.

Arrangements made with the County Nursing Association.

The following are the main points in the Agreement drawn up between the County Council and the County Nursing Association :—

(1) Each of the District Associations undertakes permanently to employ for the area indicated in the second column of the First Schedule of the agreement opposite to its name at least the number of certified midwives specified in relation thereto in the third column of the said Schedule.

(2) The County Association undertakes to employ from time to time such number of certified midwives as may be necessary to provide an adequate midwifery service in each of the areas opposite to the names of which the words "Registered District" are inserted in the third column of the First Schedule and for the temporary replacement of such of the midwives provided under Clause (1) hereof as may from time to time be unavailable for service.

(3) The County Association and the District Associations shall make such arrangements as will secure so far as practicable that the number of midwives specified in the First Schedule in relation to any area are always available for service in that area.

(4) The Midwives permanently employed under this Agreement shall be the whole-time servants of the County Association or the District Association as the case may be which employs them.

(5) The Midwives so employed shall be available for attendance on women in their own homes either as midwives or if a doctor is engaged for the confinement as maternity nurses in childbirth and from time to time thereafter during a period not less than the lying-in period as defined in the rules for the time being of the Central Midwives Board.

(6) The salaries and other emoluments paid to the midwives so employed shall be those specified in the Second Schedule and the fees charged to patients for their services as midwives and maternity nurses respectively shall be regulated by the provisions contained in the Third Schedule.

(7) The County Association and the several District Associations shall supply the Council with a list of the names and addresses of the midwives employed by them in pursuance of this Agreement and shall forthwith inform the Council of any change in the list.

(8) During the currency of this Agreement (a) The County and District Associations shall employ where practicable "fully trained nurse midwives" and only those whose names appear in the General Register maintained by the General Nursing Council for England and Wales and (b) no new appointment of a midwife or of a trainee shall be made by the County Association or by any District Association without the previous approval in writing of the County Medical Officer of Health who for the purpose of enabling him to consider the giving or withholding of such approval shall be furnished with such information as he may require with regard to any midwife or trainee the appointment of whom is contemplated.

(9) Subject to the regulations of the Central Midwives Board for the time being in force the County Association and the District Associations shall in consultation with the County Medical Officer of Health arrange every month for two midwives to attend a post-graduate course in midwifery.

(10) Within six months from the date of this Agreement the County Association and the District Associations shall make such arrangements as may be approved by the Council for putting their existing voluntary pension scheme for midwives on to a compulsory basis so as to include all midwives either now or to be employed by them respectively.

(11) The County Association and the several District Associations shall keep and supply to the County Council on request proper records (a) of the cases attended by the midwives employed by them in pursuance of this Agreement (b) of the numbers of their attendances in each case distinguishing between attendances as midwives and attendances as maternity nurses and (c) of any other matters which may from time to time be reasonably specified by the Council.

(12) The County Association and the several District Associations shall from time to time supply the County Council with such financial and other returns and such information generally as the Council may reasonably require, including a copy of their audited annual accounts.

(13) The records kept by the County Association and the District Associations in accordance with this Agreement shall be open to inspection and copies thereof or extracts therefrom may be made at all reasonable times by the Medical Officer of Health of the Council the Chief Financial Officer of the Council or by any other officer of the Council duly authorised in writing by the Council.

(14) During the currency of this Agreement eight persons being either members of the County Council or "added" members of the Council's Maternity and Child Welfare Committee (to be nominated from time to time by the Council) and the County Medical Officer of Health for the time being shall be members of the County Association and four of such persons (to be nominated by the Council) together with the said Medical Officer of Health shall be co-opted by the Executive Committee of the County Association to be members of such Committee with power to vote at all meetings thereof. The names and addresses of such persons (who may from time to time be changed as and when the Council shall think fit) shall be forwarded by the Council to the County Association and notice of every meeting of the Executive Committee and of any Sub-Committee thereof to which any such person may be appointed shall be sent by the County Association to the persons or person concerned not less than three days before such meeting shall take place.

(15) The Memorandum and Articles of Association of the County Association shall not be altered without the previous consent in writing of the Council.

(16) The Council undertakes during the currency of this Agreement to pay to the County Association for and during the period from the 31st day of July, 1937, to the 31st day of March, 1938, the sum of £6,715 and as from the 1st April, 1938, the sum of £11,900 per annum (subject to the provisions of Clause 18 hereof and to such annual revision as may be agreed between the Council and the County Association having regard to the provisions of Clause 17 hereof) by equal quarterly payments on the following days viz. on the 1st March, 1st June, 1st September and 1st December in each year the first payment to be made on the first day of September, 1937, and the County Association undertakes to pay out of the said sum to each of the District Associations such amounts at such times as may be agreed between the Council and the County Association.

(17) IT IS HEREBY AGREED AND DECLARED that the basis on which the said sum of £11,900 referred to in Clause 16 hereof has been calculated is that it shall include (*inter alia*) the payment to the County Association

or to the Associations named in the First Schedule the sum of ten shillings per case in a rural area and five shillings per case in an urban area plus a sum equivalent to the difference between the salaries and emoluments received in July, 1937, by the district nurse-midwives employed by the County Association or the District Associations and the salaries and emoluments thereafter to be paid to them as specified in the Second Schedule.

(18) As from the 1st day of April, 1938, the Scheme made by the Council on the 6th day of August, 1936, and approved as modified by the Minister of Health on the 3rd day of March, 1937, in accordance with the provisions of Section 101 of the Local Government Act, 1929, shall (subject to the consent of the Minister) be altered in accordance with the provisions of Section 131 of the said Act by reducing the annual amount payable by the Council to the Association under the said Scheme by the sum of £4,675 specified in the third column of the First Schedule thereto such sum having been included in the annual amount of £11,900 payable by the Council to the Association under Clause 16 of this Agreement.

(19) The fees collected by the County Association and the District Associations shall be retained by them.

(20) The Council hereby agree that the position of the County Association's Superintendent and Assistant Superintendents shall not in any way be affected by this Agreement.

(21) The County Association and each of the District Associations hereby agree with the Council that :—

- (i) Any difference or dispute between any of the parties arising out of this Agreement shall be referred to a single arbitrator appointed by agreement between the parties or in default of agreement by the Minister of Health and
- (ii) This Agreement shall have effect as from the thirty-first day of July, 1937, and shall continue in force as respects each of the areas mentioned in the First Schedule subject to any variations which may be agreed between the Council the County Association and the District Association for that area until it is determined either by agreement between the said parties or by not less than six months' notice in writing terminating on the thirty-first day of July in any year given with the consent of the Minister by any one of the said parties.

The number of certified midwives to be employed by the County Nursing Association in each specified district under the terms of the Agreement is set out in the first Schedule. The total number is 127, plus such number as may be necessary to provide an adequate midwifery service in each of the Registered Districts included. There are three Registered Districts in the County. In addition, 4 County midwives are employed in the Borough of Wallsend and one in the Urban District of Gosforth. An adequate service of relief nurses is also maintained to provide for holidays and emergencies such as illness of a midwife or suspension for any reason. The number of relief nurses employed varies from time to time.

The salaries and emoluments to be paid under this Agreement are set out in tabular form in the second Schedule, and are as follows :—

Salaries.

I. (a) County trained Nurse-midwives under agreement in return for free training	1st year...£50	} per annum plus emoluments.
	2nd year...£55	
	3rd year...£60	
(b) County trained Nurse-midwives out of agreement	£75 per annum rising by annual increments of £2 10s. 0d. to £80 per annum, plus emoluments.	

- II. Fully trained Nurses (possessing Certificates of a recognised Training School) during their one year's agreement under the County Nursing Association in return for free Midwifery training.
- (a) Possessing General Hospital Certificate and State Registered £95 per annum, plus emoluments.
- (b) Possessing General Hospital Certificate only but not State Registered £75 per annum, plus emoluments.
- III. (a) State Registered General Trained Nurses in possession of the Certificate of a Recognised Training School, and the Certificate of the Central Midwives Board £120 per annum rising by annual increments of £10 to £150 per annum, plus emoluments.
- (b) Nurses possessing General Hospital Certificate and the Certificate of the Central Midwives Board but not State Registered £100 per annum rising by annual increments of £10 to £130 per annum, plus emoluments.

Value of Emoluments.

Food...	...	...	...	...	...	£42
Lodgings	...	...	...	...	...	15
Coal and light	...	...	...	...	...	8
Uniform	...	...	...	...	...	8
Laundry	...	...	...	...	...	7
						<hr/>
						£80
						<hr/>

The Third Schedule sets out the provisions as to the regulation of fees to be charged by the County Nursing Association and by each of the District Associations :—

Provisions as to Fees.

The fees to be charged by the County Association and by each of the District Associations shall be regulated as follows :—

To Members of the County or of a District Association—

Midwifery—Maximum	...	...	...	...	£1	1	0
Maternity Nursing—Maximum	...	...	...	...	0	10	6

To Non-Members—

Midwifery—Maximum	...	...	...	...	£2	2	0
Maternity Nursing—Maximum	...	...	...	...	1	1	0

Provided that :—

(1) If no maternity benefit is received and the weekly income does not exceed 35/- after deducting rent and rates, the fees charged shall not exceed :

To Members	...	...for Midwifery	...	...	10/-
		for Maternity Nursing	...	...	5/-
To Non-Members	...	...for Midwifery	...	...	15/-
		for Maternity Nursing	...	...	7/6

(2) No fees shall be charged in respect of cases for which payment is made by the Council's Public Assistance Committee or by any other Public Authority ; and

(3) Reductions in the amount of the fees may be made at the discretion of the County Association or the District Association concerned, where circumstances require, and fees may be wholly remitted where the Association concerned is satisfied that the patient is unable to pay.

(4) Additional charges may be made where the nature of the case or its inaccessibility to visits or the wishes of the patient make whole time nursing necessary or desirable.

Arrangements for Areas not included in the Agreement with the County Nursing Association.

County Midwives were appointed in the Urban District of Gosforth and the Borough of Wallsend. The following scale was adopted :—

Midwives who hold the Central Midwives Board Certificate but are not State Registered Nurses—£180 per annum increasing by three annual increments of £10 to £210 per annum.

Midwives who hold the Central Midwives Board Certificate and are also State Registered Nurses—£200 per annum increasing by three annual increments of £10 to £230 per annum.

Three women who already had large independent practices in these areas were appointed, and, in addition, two appointments were made in Wallsend of women with the qualifications S.C.M. and S.R.N.

Remission of Fees.

The scale of fees adopted was :—

Midwifery	...	...	...	...	...	£2	2	0
Maternity Nursing	...	...	...	...	...	£1	1	0

Remission is granted on the following scale :—

Income, after deducting rent and rates.	Number in family dependent on income, exclusive of the child.						
	2	3	4	5	6	7	8
	Proportion of fee to be charged :						
	ths	ths	ths	ths	ths	ths	ths
Not over 30/- ...	2/5	1/5	—	—	—	—	—
Do. 35/- ...	3/5	2/5	1/5	—	—	—	—
Do. 40/- ...	4/5	3/5	2/5	1/5	—	—	—
Do. 45/- ...	Whole	4/5	3/5	2/5	1/5	—	—
Do. 50/- ...	Whole	Whole	4/5	3/5	2/5	1/5	—
Do. 55/- ...	Whole	Whole	Whole	4/5	3/5	2/5	1/5
Do. 60/- ...	Whole	Whole	Whole	Whole	4/5	3/5	2/5
Do. 65/- ...	Whole	Whole	Whole	Whole	Whole	4/5	3/5
Do. 70/- ...	Whole	Whole	Whole	Whole	Whole	Whole	4/5

General Supervision of Midwives.

The supervision of midwives is carried out by the County Medical Officer and his assistants. The Superintendent of Health Visitors and the Superintendent of the County Nursing Association are both Inspectors of Midwives and report directly to the County Medical Officer.

Under the scheme approved by the Council for the administration of the Act, it was decided to appoint a Maternity and Child Welfare Officer who would also act as Chief Supervisor of Midwives. Miss Janet M. Jamieson, M.B., Ch.B., D.P.H., Assistant Medical Officer for Maternity and Child Welfare to the County Council of Stafford, was appointed in December.

Relief Staff and Maternity Hospital Staffs.

At the end of 1937, the number of Nurse-midwives on the relief staff was 50, and, in addition, there were 13 midwives employed at the North-umberland County Nursing Association Maternity Hospitals at Willington Quay, Corbridge and Haltwhistle. These midwives are on the same salary scale as the district midwives, and also participate in the pension scheme.

During the year 32 midwives left the County and 2 voluntarily surrendered their certificates and claimed compensation.

Midwives other than those Employed under Midwives Act, 1936.

At the end of 1937, there were 20 midwives engaged in independent practice in the County, and 5 employed in Public Assistance Institutions. In addition, there were 25 emergency nurse-midwives employed on short period holiday duty.

Inspection of Midwives.

The total number of visits of inspection made by Inspectors of Midwives and assistants was 1,318.

Cases taken by Midwives in the Homes.

Total Number of Births.	Cases taken as		Still-births.
	Midwife.	Maternity Nurse.	
Live ... 6,154	2,091	3,611	34
Still ... 276			
<u>6,430</u>			

Training of Midwives.

Under Circular 559 of the Ministry of Health, £1,050 was granted to the County Nursing Association during 1937 for the training and placing of midwives.

Requests by Midwives for Medical Aid.

A midwife is required by the Rules of the Central Midwives Board to send for medical aid in all cases of illness of the patient or child, or of any abnormality occurring during pregnancy, labour or lying-in. A copy of the medical aid form must be sent to the Local Supervising Authority.

In the 2,091 cases attended by midwives there were 433 notices that such attendance by a doctor was necessary.

Claims for Fees.

Under the Midwives Act, 1918, it is a statutory obligation upon Local Supervising Authorities to pay the fees of medical practitioners called in by midwives in the emergencies defined by the rules of the Central Midwives Board; the fees paid are in accordance with a scale laid down by the Ministry of Health and the County Council endeavours to recover from the

patient, or those responsible for her, the whole amount, or such proportion of it as the financial circumstances of the case appear to justify. Immediately upon receipt of a claim from the medical practitioner a letter is despatched to the patient intimating that a claim has been made by the doctor for a certain amount, which is recoverable by the Council under certain conditions.

It is further pointed out that should the patient be unable to refund the whole of the fee, a return of her financial circumstances should be forwarded to the County Medical Officer on a form provided to enable the special sub-committee, which considers the remission of these fees, to arrive at a decision. During the year the total fees paid to doctors amounted to £489 5s. 8d., of which £122 1s. 0d. was afterwards recovered from the patients.

PUBLIC HEALTH (NOTIFICATION OF PUERPERAL FEVER AND PUERPERAL PYREXIA), REGULATIONS, 1926.

Under these Regulations the County Council are empowered to make provision for the special treatment of any lying-in women living within the Maternity and Child Welfare area of the County who may be suffering from any Puerperal infection.

The medical practitioner is required to notify the district medical officer of health when he first becomes aware that a woman upon whom he is in attendance is suffering from Puerperal Fever or Puerperal Pyrexia. The district medical officer forwards a copy of all such notifications to the County Medical Officer.

The midwife is also obliged, under the Rules of the Central Midwives Board, to notify the local Supervising Authority (this being the County Council) of any case in which there is a rise of temperature above 99.4°F. on three successive days, or where a temperature of 100.4°F. has been sustained during a period of 24 hours, or has recurred within that period.

The Schedule requires that medical practitioners should be able to obtain any or all of the following :—

- (a) The services of a Consultant Obstetrician ;
- (b) Bacteriological examination of discharges ;
- (c) Skilled nursing in the home ;
- (d) Removal of the patient to hospital ;
- (e) Provision of anti-bactericidal serum.

The County Council's panel of Obstetrical Consultants includes :—

Professor Ranken Lyle, M.D.
 Mr. Farquhar Murray, M.D., F.R.C.S.
 Mr. Harvey Evers, M.S., F.R.C.S.
 Mr. F. E. Stabler, M.D., F.R.C.S.
 Mr. W. Hunter, M.D., M.C.O.G.

The services of the Consultants were utilised in 23 cases. The following statement indicates the nature of the cases encountered during the year.

Puerperal Fever and Puerperal Pyrexia.

Cases delivered by Midwives as such.	Medical Aid sent for, Rise of Temp.	Diagnosed Puerperal Fever, Puerperal Pyrexia.	Total Cases Notified.		Treatment at		Deaths.
					Home.	Hospital.	
2,091	18	7	Puerperal Fever	5	45	17	6
			Puerperal Pyrexia	57			
			Total	62			

Provision for Complicated Cases of Midwifery.

Similarly, in complicated or difficult cases of midwifery, the medical attendant may call for the assistance of one of the Consultant Obstetricians who, if necessary, may deliver the woman in her own home. If institutional treatment is imperative the patient can be removed to the Princess Mary Maternity Hospital by ambulance. In necessitous cases this is provided free.

PUBLIC HEALTH ACT, 1936.

MATERNITY AND CHILD WELFARE.

Ante-natal Care of Mothers.

There is still very great difficulty in persuading women to undergo ante-natal examination and such Clinics as have been provided by the County Council are not used to the fullest extent. In remote areas where mothers could not be expected to travel long distances to a particular Centre, arrangements have been made whereby the District Nurse engaged to attend uninsured women in their confinements may call in the patient's own medical attendant to carry out Ante-natal and Post-natal examinations either at his surgery or at the patient's own home should she discover any illness or abnormality in the patient.

The Council pay a fee of 5/- plus a mileage fee for each such examination and report.

During the year 6 mothers were given such examination. This scheme is worked on similar lines to the calling in of a doctor in an obstetrical emergency.

The Council's Clinics already established in the populated areas have not been increased in number. In some there is a close co-operation between the mothers, their medical attendants and the Clinics, in others there is a half-hearted co-operation inasmuch as the doctor shows indifference to the attendance of the patient. In many districts there is a total lack of co-operation with any service provided.

The following statement indicates the work done :—

Name of Clinic.	No. of Sessions Clinic was open.	No. of Mothers attending.		No. of attendances made.		No. of Consultations.	Post-Natal Consultations.
		Ante-Natal.	Post-Natal.	Ante-Natal.	Post-Natal.		
Cramlington ...	22	23	—	58	—	58	—
Haltwhistle ...	25	28	15	97	31	67	31
Lynemouth ...	12	20	—	49	—	49	—
Newbiggin-by-Sea	28	56	49	142	49	129	49
Prudhoe ...	48	114	85	359	85	359	85
Shiremoor ...	13	29	25	62	25	62	25
Stocksfield ...	12	31	3	60	10	60	10
Whitley Bay ...	25	71	51	230	89	216	89

There is need for additional clinics but experience shows that at present women will not use them and if the Medical Officer is a general practitioner the patients of other doctors do not attend. It should be borne in mind that every women ought to have two ante-natal and at least one post-natal examination and this should be undertaken by an experienced obstetrician.

Ante-natal examination has not been confined to specific Ante-natal Clinics. During the year 79 mothers attended the ordinary sessions of the Maternity and Child Welfare Clinics and 128 consultations were made by the doctors appointed. The total number of mothers attending the Clinics was 451, being 15 per cent. of the births in the administrative county for Maternity and Child Welfare purposes.

In rural areas the midwife usually acts as Maternity Nurse only. The doctor is booked for the case and is, therefore, responsible for the ante-natal examination of the mother in her home.

Ante-natal Consultant Service.

Women who have been examined either at the Council's Clinics or by their own medical attendants and who are considered to require Specialist examination may be sent by appointment to Newcastle to be seen by one of a Panel of Obstetric Consultants appointed by the County Council. Consultation fees and travelling expenses of the patient, and a woman friend are paid by the Council. In the event of the women being unable to travel, the Consultant visits the patient in her own home.

During the year 31 women were sent for Consultation under this scheme and the following indicates some of the conditions found on examination :—

Albuminuria in Pregnancy.
Suggested concealed accidental haemorrhage.
Breech Presentation.
Chronic Nephritis and L.O.P. Presentation.
Pelvic Deformities.
Abnormal Presentation.
Albuminuria and Breech Presentation.
Pelvic Measurements ; Head at Brim.
Hydramnios.

Maternal Mortality.

The following statement shows the Maternal Mortality rates classified under the headings of Puerperal Sepsis, and other causes, and for the purpose of comparison figures are also included below for the whole of England and Wales for the year 1937.

Year.	Puerperal Sepsis.		Other Puerperal Causes.		Total Deaths.	Rate per 1,000 Births.	Total Births (live and still).
	Deaths.	Rate per 1,000 Births.	Deaths.	Rate per 1,000 Births.			
1928	6	0.80	18	2.40	24	3.20	7,486
1929	11	1.60	22	3.20	33	4.80	6,885
1930	17	2.41	22	3.13	39	5.55	7,025
1931	11	1.62	18	2.64	29	4.26	6,801
1932	22	3.22	24	3.51	46	6.73	6,838
1933	20	3.04	22	3.34	42	6.38	6,578
1934	15	2.25	21	3.16	36	5.42	6,642
1935	9	1.36	14	2.11	23	3.47	6,612
1936	10	1.54	16	2.47	26	4.01	6,477
1937	6	0.93	20	3.11	26	4.04	6,430

England and Wales :—

Puerperal Sepsis	...	...	0.94
Other Puerperal Causes	...	...	2.17
			<u>3.11</u>

The following statement indicates the various County districts where Maternal Deaths occurred :—

District.	Puerperal Sepsis.	Other Puerperal Causes.	Total.
Blyth Borough	—	2	2
Morpeth Borough	—	1	1
Wallsend Borough	1	—	1
Amble U.D.	—	1	1
Ashington U.D.	1	2	3
Bedlingtonshire U.D. ...	—	4	4
Hexham U.D.	—	1	1
Longbenton U.D.	1	1	2
Newbiggin-by-the-Sea U.D.	—	1	1
Newburn U.D.	1	2	3
Seaton Valley U.D.	—	1	1
Whitley & Monkseaton U.D.	1	—	1
Belford R.D.	—	1	1
Glendale R.D.	1	1	2
Haltwhistle R.D.	—	1	1
Hexham R.D.	—	1	1
Totals	6	20	26

Ophthalmia Neonatorum.

The following statement gives the number of notifications of inflammation of the eyes received from midwives and the number of notifications of Ophthalmia Neonatorum received from medical practitioners :—

No. of Births attended as Midwives.	Medical aid sought by Midwife.	Diagnosis made of Ophthalmia Neonatorum.	Total cases Notified.	Total admitted to Hospital.	Nursed at Home.	Total Recovery.
2,091	13	6	24	7	17	24

Maternity Hospitals.

The County Council does not maintain any maternity hospitals directly. Difficult and complicated cases or those in which the medical practitioner cannot safely deliver the woman in her own home are admitted to the Preston Hospital, North Shields, and the Princess Mary Maternity Hospital. In the former, cases are paid for at the Public Assistance Committee's rate; in the latter, the County Council by arrangement pay the whole of the fee in necessitous cases, or the balance of any sum which the patient cannot afford. During the year 256 such cases were admitted to the Princess Mary Maternity Hospital at a cost to the County Council of £513 16s. 9d.

In the following hospitals beds are available and medical practitioners may send their patients there :—

- The War Memorial Hospital, Haltwhistle :
- The Tynedale Maternity Hospital, Corbridge :
- The Willington Quay Maternity Hospital :
- The Wallsend and Willington Quay Maternity Hospital.

Substantial grants are made by the County Council to the Willington Quay and Corbridge Maternity Hospitals.

Professional Nursing in the Home.

The County Council do not, themselves, employ nurses; this work continues to be carried out by the County Nursing Association to whom grants are made for the purpose. Close co-operation exists between the County's staff of Health Visitors and the district midwives, some of whom are associated with the Child Welfare Centres and Ante-natal Clinics. Where this co-operation exists a valuable service is assured to the mother and child.

Infectious Diseases.

Nursing of the notifiable infectious diseases is not usually undertaken by the County Nursing Association, except in the more remote parts of the County where the resident system of nursing is in vogue, and in those cases of infection directly associated with midwifery.

Registration of Nursing Homes.

Under this Act all Nursing Homes are required to be inspected, approved, and registered by the Local Supervising Authority. No new applications were received; six Homes comply with the conditions required and are registered.

Notification of Births.

During the year 2,927 live births (2,799 legitimate and 128 illegitimate) and 122 still-births (111 legitimate and 11 illegitimate) occurred in the administrative county. Under the above Act the obligation to notify a birth is placed upon

- (a) The father of the child if he is actually residing in the house where the birth occurs;
- (b) Any person in attendance upon the mother, up to six hours after the birth.

The following shows the number notified and registered :—

<i>Notified.</i>							<i>Registered.</i>
Live	...	...	...	2,498	...	...	2,927
Still	...	...	...	48	...	...	122
2,546							3,049

Failure to notify is chiefly due to ignorance of the Law or to the belief that the birth would be notified by some other person.

The districts for which the County Council is responsible as the Maternity and Child Welfare Authority are :—

Boroughs—Berwick-upon-Tweed and Morpeth.

Urban Districts :—Alnwick, Amble, Hexham, Newbiggin-by-the-Sea, Prudhoe, Seaton Valley, Whitley and Monkseaton.

Rural Districts :—Alnwick, Belford, Bellingham, Castle Ward, Glendale, Haltwhistle, Hexham, Morpeth, Norham and Islandshires, and Rothbury.

Infantile Mortality.

The rates of Infant Mortality per 1,000 live births for the whole of the administrative County, for the County area for Maternity and Child Welfare purposes, and for England and Wales are shewn below :—

Whole County	...	...	...	...	66
Maternity and Child Welfare County	...	...	...	...	61
England and Wales	...	...	...	...	58

Death Rate for Illegitimate Children.

Of the 128 live illegitimate children born, 13 died before they reached the age of one year. The following table gives the comparison with children born in wedlock :—

Number of Legitimate live births in Council's area	...	2,799
Do. Illegitimate live births	do. do.	128
Total live births	...	2,927
Number of deaths of legitimate infants	167 = 60	deaths per 1,000 legitimate births
Do. illegitimate infants	13 = 102	deaths per 1,000 illegitimate births
Total deaths	180 = 61	deaths per 1,000 births.

Neo-natal Deaths.

Of the 180 deaths of infants under the age of one year 87 died before they reached the age of one week, and a further 25 before they reached the age of four weeks. An analysis shows the principal cause of these deaths to be :—

Prematurity	...	61
Congenital defects and injuries at birth	...	13
Congenital debility	...	10
Bronchitis and pneumonia	...	4

Infantile Deaths.

Between the ages of four weeks and one year analysis shows the principal causes of death to be :—

Prematurity	...	4
Congenital defects and injuries at birth	...	7
Congenital debility	...	1
Bronchitis and pneumonia	...	25

HEALTH VISITING SERVICE.

Under the Council's scheme the County is divided into districts in each of which there is a resident Health Visitor who undertakes all the duties of the Maternity and Child Welfare Service, School Medical Service, and the Tuberculosis Service. In addition she carries out duties in the Ante-natal Clinics, Child Welfare Centres, Immunisation Clinics, Dental Clinics, Toddlers' Clinics, Distribution of Milk to necessitous mothers and children, Medical Inspection of School Children, School Dental Clinics, Minor Ailments Clinics, Ophthalmic Clinics, Tuberculosis Dispensaries, and carries out all the home visiting in connection with the work. One health visitor is employed in the Wallsend area for Tuberculosis work alone.

The following is a summary of the number of visits made by the staff for Maternity and Child Welfare; other work is recorded elsewhere under the appropriate headings.

Live Births registered in Administrative County.	First Visits to Infants.	Re-visits to Infants under the age of 1 year.	Visits to Children, age 1—5 yrs.	Ante-Natal Visits.	
				First Visits.	Re-Visits.
2,927	2,770	10,710	28,676	373	304

Child Welfare Centres.

There were 33 Centres under the control of and financed by the County Council, three of which were staffed by the Council's Assistant Medical

TABLE 4.

Infant Welfare Centres.—Report on Work for Year ended December 31st, 1937.

NAME OF CENTRE.					Number of Children transferred from 1936 Register to 1937 Register.		Number of Children who attended the Centre for the first time during the year.		Total Number of Attendances at Centre.		Number of Children who attended during the year and at end of the year were		Consultations made by Medical Officer.		Mothers and Infants.	Visits of Medical Officer for Consultation.	Number of Half-day Sessions each Centre was open.			Number of Deaths of Children attending the Infant Welfare Centres.		Name of Medical Officer attending.
					Aged under 1 year.	Aged 1—5 years.	Aged under 1 year.	Aged 1—5 years.	Under 1 year.	Years 1—5.	Under 1 year.	Between 1 and 5 years.	Mothers.	Children.	No. of Cases who received Milk during the year.	Number of Sessions.	For Distribution of Food.	For consultation with Doctor or Health Visitor.	For Combination of these Services.	Under 1 year.	Aged 1—5 years.	
Alnwick	...	...	...	...	43	116	84	28	985	1,037	61	210	132	299	70	23	51	51	...	2	2	Dr. Reid, Asst. County M.O.H.
Amble	...	...	...	...	34	81	70	13	752	1,055	59	132	295	343	63	21	51	51	...	...	...	Dr. O'Sullivan, Asst. County M.O.H.
Backworth	...	...	...	...	32	80	69	11	786	471	57	135	780	793	34	45	...	...	51	1	...	Dr. Glen Davison.
Berwick	...	...	...	...	36	14	58	7	1,080	350	58	48	...	354	59	21	...	...	52	1	...	Dr. MacLagan, M.O.H.
Cramlington	...	...	...	...	44	46	78	9	1,075	456	61	116	810	821	60	25	51	51	...	...	1	Dr. Quinn.
Haltwhistle	...	...	...	...	47	106	43	36	892	1,247	35	179	500	668	117	25	51	51	...	2	...	Dr. Thompson.
Lynemouth	...	...	...	...	28	27	37	4	831	229	31	65	99	99	13	12	...	...	51	...	...	Dr. Skene.
Morpeth	...	...	...	...	57	26	77	8	492	719	74	78	...	934	66	50	51	51	...	2	...	Dr. Dickie.
Newbiggin-by-the-Sea	...	...	...	...	96	105	127	32	4,159	2,391	198	252	176	426	112	28	52	52	...	1	1	Dr. Angus, M.O.H.
Pegswood	...	...	...	...	22	36	36	3	588	224	32	63	21	580	1	50	...	...	51	1	...	Dr. Dickie.
Prudhoe	...	...	...	...	116	132	108	22	2,075	2,730	104	159	952	1,038	74	42	52	52	...	1	...	Dr. Dewell, Asst. County M.O.H.
Red Row (Broomhill)	...	...	...	...	40	72	56	3	656	505	45	120	314	324	46	26	...	...	51	2	...	Dr. Scott.
Seaton Delaval	...	...	...	...	56	116	84	6	1,364	1,312	67	182	530	530	64	31	51	51	...	1	...	Dr. Ogilvie.
Seghill	...	...	...	...	23	74	49	3	440	473	37	111	300	300	17	50	...	...	51	1	...	Dr. Henderson.
Shiremoor	...	...	...	...	42	61	89	21	897	807	77	136	30	531	58	26	52	52	...	2	...	Dr. Thompson.
Stocksfield	...	...	...	...	25	67	52	11	781	615	40	95	351	379	31	25	...	...	51	3	...	Dr. Ogilvie.
Whitley Bay	...	...	...	...	85	55	137	36	984	519	99	214	894	989	102	82	...	55	51	2	...	Dr. Thompson.
Belford	...	...	...	...	12	15	22	16	212	157	18	47	23	303	15	25	...	...	26	...	1	Dr. McDonald, M.O.H.
Corbridge	...	...	...	...	15	24	19	7	201	158	12	43	198	194	3	25	...	...	26	...	...	Dr. Turnbull.
Dinnington Colliery	...	...	...	...	24	49	44	...	519	320	38	69	233	233	33	17	...	...	51	...	2	Dr. Bolt.
Haydon Bridge	...	...	...	...	13	34	20	21	337	581	18	70	...	197	36	12	...	...	50	...	...	Dr. Hall.
Hexham	...	...	...	...	4	50	78	110	994	1,884	53	177	...	...	82	...	51	91	...	...	...	.....
North Seaton	...	...	...	...	10	13	21	18	427	271	28	34	178	208	18	12	...	...	51	4	...	Dr. Angus, M.O.H.
Ponteland	...	...	...	...	19	34	32	11	565	563	27	71	228	228	36	15	...	...	51	...	...	Dr. Bolt.
Rothbury	...	...	...	...	6	36	15	7	282	541	11	55	87	122	1	11	...	...	51	...	...	Dr. Bolt.
West Monkseaton	...	...	...	...	31	37	74	14	1,257	403	56	100	...	535	8	26	...	...	51	...	...	Dr. Thompson.
Wooler	...	...	...	...	12	42	21	8	372	324	18	65	...	162	7	16	...	...	51	...	...	Dr. Bousfield.
MILK SALES CENTRES— Dinnington Village...	...	...	...	...	1	9	11	8	179	157	9	22	—	—	10	...	...	...	40	...	...	.....
North Sunderland...	...	...	...	...	...	...	32	40	188	182	20	52	—	—	14	...	...	...	25	...	1	.....
Radcliffe	...	...	...	...	18	30	23	4	487	300	21	51	...	...	21	...	...	...	51	...	...	.....
Allendale	...	...	...	...	...	...	10	6	29	20	6	10	...	...	4	...	...	...	5	...	...	.....
Hartford	...	...	...	...	...	...	21	15	170	77	17	26	...	...	11	...	...	...	26	...	...	.....
Widdrington	...	...	...	...	...	...	19	27	98	139	16	29	...	...	10	...	...	...	26	...	...	.....

Officers, and the remainder by local practitioners acting as part-time officers. These Centres are held in buildings as shewn below ; they are rented for the specific purpose, but many of them are very unsuitable.

Church and Chapel rooms	...	...	...	...	12
Institute, Village Halls...	...	...	...	...	17
Offices rented from local authorities	...	...	...	...	1
Council House	...	...	...	...	1
Rooms attached to Hospital	...	...	...	...	1
Nurses' Home	...	...	...	...	1
Offices rented from Coal Co.	...	...	...	...	1

New Child Welfare Centres were established during the year at Allendale, Dinnington Village, Hartford, Hexham, Seahouses, Widdrington, and Wylam.

The administration of the Maternity and Child Welfare Services in the Hexham Urban District was transferred to the County Council on April 1st, 1937. An Infant Welfare Centre was established in the War Memorial Hospital where one weekly session was held for some time. The work at the Centre very soon increased to such an extent as to necessitate the holding of two weekly sessions, but this in itself was not adequate to meet the occasion and it became necessary at the end of the year to remove the Centre to more commodious premises at the Presbyterian Church Hall.

Supply of Milk to Expectant and Nursing Mothers, and Children under the age of three years.

Arrangements are in force for the provision of dried milk and cocoa at cost, or at reduced price, or free, to mothers and children attending the County Child Welfare Centres, and on the recommendation of the Medical Officer in charge of the Centre.

Dried Milk is used because of its convenience in handling and also because of the fact that there is very little provision for the sanitary storage of liquid milk in the houses of colliery villages ; further, its adaptation to the requirements of the children is readily understood by the mother.

The milk is supplied to nursing mothers, expectant mothers and to children up to the age of 5 years.

Applicants are required to fill in a form giving full particulars of income, number in family, etc. This information is verified and milk or cocoa is supplied for a period of four weeks either free, or at a reduced rate. Further application must be made at monthly intervals so long as the food is required.

Dried milk was supplied by the Creamery Co., Garstang, Lancs., on contract. Virol and Numol is supplied, or sold, in the circumstances mentioned above to any mother attending the Centre.

The following table shows the quantities sold, or distributed :—

	Sold at reduced retail price.	Sold at half reduced retail price.	Distributed free.
Dried Milk	19,452 lbs.	5,625 lbs.	25,792 lbs.
Cocoa Milk	447 lbs.	140 lbs.	1,361 lbs.
Virol and Numol	4,365 lbs.	150½ lbs.	913 lbs.
Maltoline, etc.	31 lbs.	1½ lbs.	27½ lbs.

The following table indicates the cost to the County of supplying these foods, etc., free or at half price, also the amount spent during the year by purchasers :—

	Purchased by Parents.						Cost to the County Council.					
	At reduced retail price.			At half reduced retail price.			At half reduced retail price.			Free.		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Dried Milk ...	977	12	0	140	12	6	117	3	9	1,182	2	8
Cocoa Milk ...	31	13	3	5	5	0	3	15	10	87	18	0
Virol and Numol	330	7	2	5	13	4	4	8	3	59	5	10
Maltoline, etc. ...	2	1	4	0	1	0	0	0	9	1	15	1
Totals ...	1,341	13	9	151	11	10	125	8	7	1,331	1	7

Babies Hospital, West Parade, Newcastle upon Tyne.

This hospital admits babies suffering from congenital defects, infantile ailments and tuberculosis. Patients are admitted on the recommendation of their own medical attendants and during the year 19 children were treated. An annual grant of £300, is made to the hospital.

Convalescent Treatment of Mothers.

This continues to be one of the most valuable services provided by the Council. Mothers who are in attendance at one of the ante-natal clinics or child welfare centres, and who are certified to be suffering from some debility or illness associated with pregnancy, or childbirth, are offered two weeks rest in the country or at the seaside at carefully selected lodgings in Rothbury, Newbiggin-by-the-Sea, Riding Mill, Stocksfield, Wooler, and at the Rest House, Whalton.

During the year 103 mothers were sent.

Dental Treatment.

Dental Treatment is provided for ante-natal and nursing mothers, and children under school age.

The following indicates the work done :—

	Attendances made.	Extractions.	Scalings.	Fillings.	Other Operations.	Repairs and adjustments.	Impressions.	Try-ins.	Bites.	Local anaesthetics.	General anaesthetics.
Mothers ...	619	1,680	50	38	64	25	62	50	36	1,465	9
Children ...	99	303	—	6	9	—	—	—	—	191	22

The sum of £38 2s. 6d. was collected in fees.

Detection, Prevention and Treatment of Crippling in Infants.

The County Council's Maternity and Child Welfare Scheme provides for the diagnosis and treatment of orthopaedic defects at the Clinics established at six Centres, or, if necessary, at the home of the patient. When hospital treatment is indicated the child is received into the

W. J. Sanderson Orthopaedic Hospital School for Crippled Children, Gosforth. Seven cases were treated in hospital, 5 of which were admitted during the year. Cases requiring treatment are usually referred by medical practitioners, district nurses, and midwives to the Clinics established below :—

Clinic established.						Individual cases attending during the year.
Alnwick	...	...	...	...	...	40
Ashington	...	...	...	...	...	36
Bedlington	...	...	...	...	...	12
Morpeth	...	...	...	...	...	29
Gosforth	...	...	...	...	...	14
Hexham	...	...	...	...	...	94

Prevention of Deafness.

Facilities are provided under this scheme for the treatment of defects and diseases of the nose and throat, at the Rye Hill Hospital, and the Alnwick Infirmary. Removal of Tonsils and Adenoids, and cases requiring operative treatment for Mastoid disease are also referred for treatment at a fee agreed upon by the Council.

Under this scheme 68 children received treatment during the year. It is satisfactory to note that parents are anxious to take advantage of these facilities and an increased number of children suffering from defects received treatment.

Infant Life Protection.

All children under the age of nine years maintained for reward, apart from their parents, or who have no parents, must be kept under supervision. The Council's Health Visitors act in their respective districts and supervise the health and welfare of these children.

At the beginning of the year 18 Foster Mothers were registered, each having one child in her care. During the year a further five Foster Mothers were registered, each of whom received one child; three children were returned to the care of their mothers.

At the end of the year there were twenty women registered as Foster Mothers, each having one child under her care.

Health Visitors made 122 visits of supervision to the homes. Only one unsatisfactory report was made, and as the mother had married, the child was removed to her own care.

Hexham Resident Nursery reported that there were thirty children in residence on 1st April, 1937. A further twenty-one were admitted during the year. Twelve children were discharged to the care of their own parents, one to foster parents, two to be adopted, one to a Nursery in Newcastle upon Tyne and one died. At the end of the year there were thirty-four children in the Nursery.

Birth Control.

The arrangements with regard to birth control remained the same as were in operation during the previous year. No change is reported in the administration of Birth Control Institutions. These are established in Ashington and Newcastle and each is controlled by a Voluntary Committee. Women attending the Child Welfare Centres in whom further pregnancies

would be detrimental to health are referred to their own doctor, who may instruct them to seek the advice offered at these Clinics. A fee of 7/6 is paid on their behalf in the case of the Ashington Clinie and 15/- in the case of the Newcastle Clinic. Advice is not given at the Child Welfare Centres controlled by the County Council.

ORTHOPAEDIC TREATMENT.

Provision continued to be made during the year for the treatment of patients of all ages suffering from Orthopaedic defects, with the exception of adults showing active tubercular symptoms. Institutional treatment was provided at the W. J. Sanderson Home, Gosforth, for children (particulars relating to these cases will be found in the Maternity and Child Welfare portion of this report on page 94) and at the Shropshire Orthopaedic Hospital, Oswestry, for adults; during the year two adults received treatment at this Hospital.

The following Clinics were in operation at the end of the year :—

Alnwick—The Infrimary.
 Ashington—The School Clinic, Lintonville Terrace.
 Bedlington—Welfare Centre, Guide Post.
 Cramlington—26, Hawthorn Villas.
 Gosforth—War Memorial Hall.
 Hexham—War Memorial Hospital.
 Morpeth—Congregational Church Hall, Dacre Street.
 Prudhoe—Counail Buildings.
 Rothbury—Jubilee Hall.

Those authorities which are autonomous for Maternity and Child Welfare purposes make their own arrangements for institutional treatment; the County Council Orthopaedic Clinics, however, are available for patients resident in these areas and the respective authorities pay 2/6 per attendance for each case received and treated; this charge covers massage, the application of plaster bandages and examination by the Orthopaedic Surgeon, but does not include the provision of splints or any medical treatment outside the Clinic.

BLIND PERSONS ACT COMMITTEE.

Administration.

The Blind Persons Act in the County of Northumberland continues to be directly administered by the County Council.

There were 481 blind persons on the Register on January 1st, 1937, as compared with 495 the preceding January. During the year 59 persons were registered, 7 were de-certified while 51 died or left the County. On December 31st, 1937, there were 482 names on the Register, an increase of 1 during the year. The number of cases de-certified includes those whose vision was restored by operative treatment, either under the Council's scheme for the prevention of blindness or in the wards of the Royal Victoria Infirmiry and the Newcastle upon Tyne Eye Hospital.

Applicants for registration are examined by the Council's Ophthalmic Surgeon (who is in charge of beds at the Newcastle upon Tyne Eye Hospital), this service being in accordance with the recommendation contained in Circular 1353 of the Ministry of Health. A fee of

25s. is paid for each examination and certification, Form B.D.8 being used. The arrangements which were in force in previous years for the examination of bed-fast and senile patients are still in operation, the patients being either visited by the ophthalmic surgeon in their own homes, or brought by motor car to his consulting room.

During the year 109 persons were examined by the ophthalmic surgeon; 72 were certified blind and 37 not blind. Of those certified blind, 51 were admitted to the Council's Register, 21 having been on the Register prior to examination. Of those certified to be not blind, 3 had hitherto been regarded as blind, and their names were removed from the Register.

Domiciliary Assistance.

The Blind Persons Act Committee is responsible for the provision of domiciliary assistance to unemployable and other necessitous blind persons ordinarily resident within the administrative County of Northumberland, subject to certain conditions. During 1937 the regulations were revised, the incomes of blind persons over the age of 21 years being made up to 20s. per week, or 22s. in the case of a blind householder living alone. An additional allowance is also given, at the discretion of the Committee, up to a maximum of 5s. where the rent exceeds 5s. per week.

186 Blind persons were in receipt of domiciliary assistance in January, 1937, 232 received it during the year, and 184 were receiving it in December. The total sum distributed during 1937 amounted to £4,632 3s. 7d.

Sighted Dependants of Blind Persons.

The County Council having made a Declaration under Part 1, Section 5, of the Local Government Act, 1929, sighted dependants of blind persons are relieved through the Blind Persons Act Committee acting on behalf of and subject to the general direction and control of the Public Assistance Committee. Applications for relief are made in the first instance to the Public Assistance Officer, but the Home Visitors carry out subsequent investigations. During 1937, relief was granted to 26 blind persons in respect of 64 sighted dependants, a total of £565 14s. 11d. being thus expended.

Home Visitors.

The Home Visitors visit all blind people regularly in their homes, supervise their welfare and render assistance in a variety of ways. They investigate every case referred to the County Medical Officer, supplying the necessary forms of application for registration, financial assistance, etc. Those persons who are in receipt of domiciliary assistance or dependants' allowances require to be visited more frequently, it being necessary to review the circumstances regularly. Braille and Moon type reading and handicrafts, such as rug-making, basket-making and handknitting, are taught to such individuals as are likely to profit from instruction.

Patients who are on the Prevention of Blindness Register are also visited as frequently as possible by the Home Visitors, to ensure that any necessary treatment is being carried out.

During the year 1937, the following visits were paid by the three Home Visitors :—

	No. of visits.
Social welfare	5,116
Supervision of Home Workers	200
Instruction	106
Investigation of new cases	88
	<hr/>
	5,510
	<hr/>

The total compares with 4,684 visits paid by the Home Visitors during 1936.

A car was provided for a second Home Visitor during 1937, and this undoubtedly made possible the increased number of visits.

Home and Casual Workers.

In January, 1937, there were 4 Approved Home-workers in the County, the number remained unchanged throughout the year :—

Piano tuners	2
Basket maker	1
Machine knitter	1
	<hr/>
	4
	<hr/>

Under the Home Workers' Scheme men received 100 per cent. subsidy on their earnings up to a maximum of 15/- per week and women received 100 per cent. subsidy without maximum. These rates, however, were under revision at the end of the year, when the amount of subsidy paid to each individual home-worker was being reconsidered.

In January, 1937, there were 16 Casual Workers in the County, 5 receiving wages on a piece-work basis and 11 being in receipt of domiciliary assistance at a fixed rate. Of those in receipt of wages, one died and one commenced industrial training during the year, while two of those in receipt of domiciliary assistance commenced employment at the Workshops for the Adult Blind, Newcastle. One man who had been receiving instruction from the Home Visitor became a casual worker, and in December, 1937, there were 13 Casual Workers in the County, 3 receiving wages and 10 domiciliary assistance.

Materials are supplied to these workers through the Department of the County Medical Officer, to which Department the articles are sent on completion.

Sales of Goods.

It is necessary to find a market for the goods produced by the blind Home Workers and the most effective way is by holding exhibitions and sales in various parts of the County. During 1937 sales were held at Gosforth, Alnmouth and Whitley Bay, and stalls were arranged at the Annual Shows of the County Agricultural Society at Tyne-mouth, the Glendale Agricultural Society at Wooler and the Alnwick Horticultural Society.

In addition many private orders are sent direct to the Department throughout the year, and machine-knitted socks and stockings are supplied to the various Public Assistance Institutions in the County by contract with the Public Assistance Committee.

Workshops for the Adult Blind.

On January 1st, 1937, 12 men and 7 women from the County were employed in the Workshops for the Adult Blind, Newcastle. Six men were admitted for employment during the year and on December 31st the County Council was responsible for 25 employees (18 men and 7 women) who were working in the Newcastle Workshops.

20 Places had originally been reserved in the Workshops for trained adult blind persons from the County of Northumberland but it was subsequently found that this number was insufficient. As a temporary measure Gateshead Borough Council agreed to reduce the number of places reserved for them by 8 in order that further Northumberland County cases could be accommodated, the amounts payable to the Workshops by each authority being adjusted accordingly.

During the year the question of payment of employees' travelling expenses was considered; it was decided that one return tramfare (within the City) should be allowed daily in respect of each County employee who required to use the Tramway Services in connection with his or her employment at the Workshops.

Education.

During the year 11 children were receiving elementary education at the Royal Victoria School for the Blind.

Twenty blind persons (11 men and 9 women) also received training. Industrial training was provided at the Royal Victoria School for the Blind, Newcastle, for 18 of these, five of whom obtained employment at the Workshops for the Adult Blind during the year. One youth commenced training at the Royal Normal College for the Blind, London, and another studied at the Worcester College for the Blind. One partially blind youth (whose name is on the Prevention of Blindness Register) also received training at the Royal Victoria School for the Blind.

In addition, one male student who had completed his training at the Royal Normal College in July, 1936, returned to the college by private arrangement. He holds the National Diploma in piano-tuning and is a Licentiate of the Royal Academy of Music. He finally left the college in July, 1937, and towards the end of the same year obtained an appointment as organist in the South of England, the small stipend he receives being supplemented by a grant from the National Institute for the Blind.

The County Council have decided that in future all applicants for training shall be examined by a member of the Council's medical staff before his or her application is considered by the Blind Persons Act Committee.

Financial assistance is afforded by the County Council during holiday periods to trainees in necessitous circumstances.

Wireless for the Blind.

Under Section 1 of the Wireless Telegraphy (Blind Persons Facilities) Act, 1926, 43 certificates enabling blind persons to obtain free wireless licences were issued during the year.

The Department continues to distribute sets in the County on behalf of the British "Wireless for the Blind" Fund and up to December, 1937, wireless sets had been allocated to 421 blind persons.

Mr. A. E. George, of Newcastle, continued to give very valuable assistance by examining sets and overhauling them gratuitously.

Homes for the Blind.

The Blind Persons Act Committee is responsible for the maintenance of three blind persons who are accommodated permanently in homes for the blind, at Glasgow, Halifax and Leatherhead respectively.

Prevention of Blindness.

The County Council has an arrangement with the Authorities of the Newcastle upon Tyne Eye Hospital and the Royal Victoria Infirmary for the admission of approved cases to the private wards for operative treatment of senile and other forms of cataract. Under this arrangement 7 patients received treatment during the year, as a result of which 5 were certified to be no longer blind within the meaning of the Blind Persons Act. In one case treatment was not completed at the end of the year, and in the remaining case the operation was not successful. This patient suffered from Diabetes and the treatment was undertaken at her own request.

The scheme for the prevention of blindness remains substantially the same as last year. It has been prosecuted with vigour and is outlined below :—

1. A register is kept of all persons certified by the ophthalmic surgeon to be *not* blind, and they are visited periodically by the Home Visitors. Complaints of further deterioration of eyesight and accompanying physical discomfort are investigated, the medical attendant being consulted, and the necessary steps are taken to ensure that treatment is provided.
2. The authorities at the Newcastle Hospitals have been asked to co-operate with the County Medical Officer and to send to him information regarding patients who are in danger of becoming blind if left untreated. These patients are visited regularly by the Home Visitors to ensure that treatment is being carried out and that they attend the Hospital when required.
3. Free travelling vouchers are issued to patients in necessitous circumstances to enable them to attend the Eye Department of the Royal Victoria Infirmary and the Newcastle upon Tyne Eye Hospital for treatment, if recommended by the medical attendant or the Medical Officer of the Hospital.
4. Spectacles to the prescription of an ophthalmic surgeon are provided free of charge or at a special rate, according to the circumstances of the patient: these spectacles are supplied through the Council's opticians by special arrangement.
5. Insulin is provided free of charge to patients who are suffering from diabetes and are in necessitous circumstances, if recommended by the medical attendant.
6. A fee of one guinea is paid to the operating surgeons of the Royal Victoria Infirmary and the Newcastle upon Tyne Eye Hospital for certificates giving the result of treatment in the case of patients dealt with in the ordinary wards for diseases of the eye.

7. Arrangements are made for the examination and treatment of children under five years of age by the County Oculist, the necessary treatment being carried out at the expense of the Maternity and Child Welfare Committee; cases of strabismus receive particular attention.
8. Hospital treatment is available for all children suffering from ophthalmia neonatorum. Infected mothers are offered hospital treatment under the Council's Venereal Diseases scheme, and in the case of further pregnancy arrangements are made for their delivery in a Maternity Hospital.
9. Free travelling vouchers are issued to all patients to enable them to attend the Skin Clinic in Newcastle for a Wassermann test or treatment, when this is recommended by the ophthalmic surgeon or the medical attendant.
10. Hospital treatment is available for patients suffering from conditions which may lead to blindness, *e.g.*, pernicious anæmia, cerebral tumour, etc.
11. The Medical Officer has authority and uses his discretion in bringing to the notice of his Committee any case which does not come under any of the above categories, but for which he thinks some provision should be made.

The Committee have now decided to pay a fee of 2/6 to practitioners for notification of persons threatened with blindness.

Early in the year a circular was received from the Northern Counties Association for the Blind with regard to the indiscriminate purchase of spectacles from trays in multiple stores by members of the public suffering from optical defects. The matter had been discussed by the Medical Sub-Committee on several occasions. On the instruction of the Blind Persons Act Committee, the County Medical Officer had the following letter published in newspapers of the County :—

“ For some considerable time the medical profession has been much concerned about the haphazard way in which some individuals regard the preservation of their own eyesight. It appears to be quite a common practice to enter a store devoted to the sale of all sorts and conditions of goods and select from a tray a pair of spectacles, repeating this action until by fortuitous chance and trial they happen upon a pair, the lenses of which appear to improve their vision.

“ I desire to point out how dangerous such a proceeding is. Chronic glaucoma is a disease which, if left untreated, rapidly induces permanent blindness. One of its symptoms is an increase in the amount of shortsightedness, greater than that which normally occurs with increasing age.

“ The defective vision for reading, etc., can be to some extent temporarily corrected by the selection of spectacles from a tray, but anyone with a knowledge of ophthalmic disease would in such a case examine for glaucoma with a good prospect of preventing blindness.

“ I am desired by my Committee to direct the attention of the public to these facts and to impress upon them the very great undesirability of selecting spectacles in this uncertain and irresponsible manner and also to warn them against the purchase of spectacles from pedlars.

“ In this connection I would point out that recently a case came to my notice where an itinerant vendor obtained from a lady a pair of perfectly good spectacles on the ground of making some suggested adjustment, promising to return them on the following day. He has not redeemed that promise and the lady, though now without her glasses, is richer in experience.”

From correspondence which ensued afterwards, it was apparent that considerable interest had been taken in the subject.

The Northern Counties Association for the Blind suggested that it would be in the interests of the Prevention of Blindness if the local authority would under Section 66 of the Public Health Act, make such arrangements as would enable the poorer members of the community to purchase spectacles at a low price and that it would be well to ascertain whether or not the organisation at present available in school clinics could be made available for this purpose.

The County Medical Officer, accompanied by the School Oculist, attended a meeting of the Local Association of Ophthalmic Opticians and explained the objects of a proposed scheme as follows :—

- (1) To obviate in a practical manner as far as possible the indiscriminate sale of spectacles.
- (2) To accomplish by providing for poor persons who could not afford treatment under the National Ophthalmic Treatment Board, an Ophthalmic service with a supply of spectacles at as low a price as possible consistent with good materials and workmanship.

This matter is being further investigated and the possibilities of such a scheme being put into operation will be reported upon at a later date.

Social Welfare.

In January, 1937, there were five Voluntary Societies for the Blind in the County, viz., at Ashington, Bedlington, Blyth, Seaton Valley, and Morpeth, and during the year a sixth was established serving the Borough of Wallsend. These societies cater for the social welfare of the blind, organising concerts and musical evenings in the winter, and picnics and other outings during the summer. The Blind Persons Act Committee is very much indebted to Mr. and Mrs. Thompson, of Hartford Hall, near Bedlington, who have since 1933 entertained the blind persons connected with the five voluntary societies in the area (and their guides), in the grounds of their home. These outings are much appreciated and have become increasingly popular; they are looked forward to for months before and talked about for months afterwards.

The County Council approved a grant of £100 for social welfare purposes and cheques amounting to £327 4s. 6d. were received from the National Institute for the Blind, being the sum allocated to the Northumberland Blind Persons Trust Fund from collections made in the area. It was possible to allocate 5/- in connection with the Coronation celebrations and 10/- at Christmas in respect of each registered blind person. Where voluntary societies existed, grants were made to the Committees according to the number of blind persons in the area. All other blind persons received the amount in cash.

Library for the Blind.

Books are supplied to blind people in the County by the National Library for the Blind, Manchester. During the year 46 readers borrowed 1,124 volumes. Compared with 1936, the number of books borrowed has decreased by 78 and the number of readers by 3.

Dental Treatment.

The County dental surgeons continue to give treatment at the Dental Clinics and the dental vans to blind persons, the Blind Persons Act Committee being responsible for the cost. During the year 18 blind people received treatment, entailing 63 appointments. Artificial dentures were supplied where necessary at cost price, except in two instances where they were supplied free of charge.
